

Governing Body Meeting (Part I) Agenda

Date: Wednesday 7th April 2021, 13:00hrs to 15:00hrs

Venue: Virtual Meeting: Teams

To help the CCG respond to the coronavirus we are moving all meetings that we hold in public to virtual meetings for the foreseeable future. This also applies to our regular operational internal meetings in line with national guidance to ensure our staff are supported to work remotely. We will continue to publish papers as normal.

13:00 hrs Formal meeting of the Governing Body (Part I) commences.

The Governing Body Members

Dr Rob Caudwell	Chair & Clinical Director	RC
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dr Emily Ball	GP Clinical Director	EB
Dr Doug Callow	GP Clinical Director	DC
Dil Daly	Lay Member for Patient and Public Involvement	DD
Vikki Gilligan	Practice Manager	VG
Chrissie Cooke	Interim Chief Nurse	CC
Martin McDowell	Deputy Chief Officer/Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Colette Page	Additional Nurse	CP
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Fiona Taylor	Chief Officer	FLT

Co-opted Members

Director or Deputy	Director of Public Health, Sefton MBC	
Director or Deputy	Director of Social Services and Health, Sefton MBC	
Bill Bruce	Chair, HealthWatch	BB

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
For Information					13:00hrs
GB21/36	Patient Story – Denise Roberts	FLT	Verbal	Receive	15 mins
General					13:15hrs
GB21/37	Apologies for Absence	Chair	Verbal	Receive	20 mins
GB21/38	Declarations of Interest	Chair	Verbal	Receive	
GB21/39	Minutes of previous meeting – 3 rd February 2021	Chair	Report	Approve	
GB21/40	Action Points from previous meeting – 3 rd February 2021	Chair	Report	Approve	
GB21/41	Business Update	Chair	Verbal	Receive	

No	Item	Lead	Report/ Verbal	Receive/ Approve/ Ratify	Time
GB21/42	Chief Officer Report	FLT	Report	Receive	
Quality					13:35hrs
GB21/43	Chief Nurse update	CC	Report	Receive	15 mins
Finance and Quality Performance					13:50hrs
GB21/44	Chief Finance Officer update	MMcD	Report	Receive	30 mins
GB21/45	Integrated Performance Report	MMcD	Report	Receive	
Governance					14:20hrs
GB21/46	NHS Southport and Formby CCG and NHS West Lancashire CCG Joint Committee Terms of Reference” (Shaping Care Together)	FLT	Report	Approve	10 mins
Key Issues Reports to be received for “review, comment and scrutiny”:					14:30hrs
GB21/47	Key Issues Reports: a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team	Chair	Report	Receive	10 mins
GB21/48	Approved Minutes: a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Primary Care Commissioning Committee PTI	Chair	Report	Receive	
Closing Business					14:40hrs
GB21/49	Any Other Business <i>Matters previously notified to the Chair no less than 48 hours prior to the meeting</i>				5 mins
GB21/50	Date of Next Meeting Wednesday 2nd June 2021 Venue/Format: Teams All PTI public meetings commence 13:00hrs. The normal venue for meetings is the Family Life Centre, Southport PR8 6JH. This is being put on hold during COVID-19.				
Estimated meeting close					14:45hrs

Motion to Exclude the Public:

Representatives of the Press and other members of the Public to be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, (Section 1{2} Public Bodies (Admissions to Meetings), Act 1960)

Governing Body Meeting in Public DRAFT Minutes

Date: Wednesday 3rd February 2021, 13:00hrs to 15:00hrs

Format: To help the CCG respond to the coronavirus meetings are being held virtually, as per the published notice on the CCG website.

The Governing Body Members in attendance

Dr Rob Caudwell	Chair & Clinical Director	RC
Helen Nichols	Deputy Chair & Lay Member for Governance	HN
Dil Daly	Lay Member for Patient and Public Engagement	DD
Chrissie Cooke	Interim Chief Nurse	CC
Martin McDowell	Chief Finance Officer	MMcD
Dr Anette Metzmacher	GP Clinical Director	AM
Dr Hilal Mulla	GP Clinical Director	HM
Fiona Taylor	Chief Officer	FLT
Dr Kati Scholtz	Clinical Vice Chair & Clinical Director	KS
Colette Riley	Practice Manager	CR
Dr Jeff Simmonds	Secondary Care Doctor	JS
Bill Bruce	Health Watch Chair	BB

Co-opted Members (or deputy) in Attendance

Deborah Butcher	Sefton MBC (co-opted)	DB
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In Attendance

Terry Stapley	<i>Minute taker</i>	TS
Debbie Fairclough	Interim Programme Lead – Corporate Services	DFair

Apologies

Dr Emily Ball	GP Clinical Director
Colette Page	Additional Nurse
Vikki Gilligan	Practice Manager
Dr Doug Callow	GP Clinical Director

Attendance Tracker

✓ = Present

A = Apologies

N = Non-attendance

Name	Governing Body Membership	Apr 20	June 20	Sept 20	Nov 20	Feb 21
Dr Rob Caudwell	Chair & Clinical Director	✓	✓	A	✓	✓
Helen Nichols	Vice Chair & Lay Member for Governance	✓	✓	✓	✓	✓
Dr Kati Scholtz	Clinical Vice Chair (May 17) and GP Clinical Director	✓	✓	A	✓	✓
Director or Deputy	Director of Public Health, Sefton MBC (co-opted)	A	✓	A	✓	A
Director or Deputy	Director of Social Service & Health, Sefton MBC (co-opted)	A	A	A	A	✓
Dr Emily Ball	GP Clinical Director	A	A	✓	A	A
Dr Doug Callow	GP Clinical Director	✓	✓	✓	✓	A
Dil Daly	Lay Member for Patient and Public Engagement	✓	✓	✓	✓	✓

Name	Governing Body Membership	Apr 20	June 20	Sept 20	Nov 20	Feb 21
Vikki Gilligan	Practice Manager	A	✓	A	✓	A
Maureen Kelly	Chair, Health watch (<i>co-opted</i>)	✓	✓	A	A	
Bill Bruce	Chair, Health watch (<i>co-opted</i>)					✓
Jane Lunt	Interim Chief Nurse	✓	✓	✓	✓	
Chrissie Cooke	Interim Chief Nurse					✓
Dr Anette Metzmacher	GP Clinical Director	✓	✓	✓	✓	✓
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Clinical Director	✓	✓	✓	✓	✓
Colette Page	Additional Nurse Member	✓	A	A	✓	A
Colette Riley	Practice Manager	A	✓	✓	A	✓
Dr Jeff Simmonds	Secondary Care Doctor	✓	✓	A	A	✓
Fiona Taylor	Chief Officer	✓	✓	✓	A	✓

Quorum: 65% of the Governing Body membership and no business to be transacted unless 5 members present including (a) at least one lay member (b) either Chief Officer/Chief Finance Officer (c) at least three clinicians (3.7 Southport & Formby CCG Constitution).

No	Item	Action
GB21/1	<p>Children and Young People Partnership Board Update (Video)</p> <p>The Governing Body were presented with a short video from Young Advisors, which provided an insight into the experiences of young people during the Covid-19 pandemic.</p> <p>FLT noted that this fits in with the work on emotional health and wellbeing that has been taking place within the CCG and the work in partnership with the local authority.</p> <p>Latterly in late 2020 there was additional investment was made in this area (Parenting 2000, Kooth and Venus) which will add to the support and emotional wellbeing of children and young people within the Sefton area.</p> <p>Resolution: The members received the update.</p>	
GB21/2	<p>Apologies for Absence</p> <p>Apologies were received from Dr Doug Callow, Dr Emily Ball, Vikki Gilligan and Colette Page.</p> <p>The Chair informed the members that the information on the governing body meetings had been updated on the CCG website to provide the public with an opportunity to continue to present questions to the members. No questions had been received for the meeting.</p>	

No	Item	Action
GB21/3	<p>Declarations of Interest</p> <p>The members were reminded of their obligation to declare any interests they may have in relation to any items on the agenda and any issues arising at governing body meetings which might conflict with the business of NHS Southport & Formby CCG.</p> <p>Those holding dual roles across both Southport & Formby CCG and South Sefton CCG declared their interest; Fiona Taylor, Martin McDowell, Chrissie Cooke and Jeff Simmonds. A further interest was declared by Bill Bruce in relation to his relationship (Farther) of Dr Emily Ball (Governing Body GP member).</p> <p>It was noted that the interests raised did not constitute any material conflict of interest with items on the agenda.</p> <p>Declarations made are listed in the CCGs Register of Interests which is available on the website http://www.southportandformbyccg.nhs.uk/about-us/our-constitution/</p>	
GB21/4	<p>Minutes of Previous Meeting 4th November 2020</p> <p>The members approved the minutes of 4th November 2020 as a true and accurate record.</p>	
GB21/5	<p>Action Points from Previous Meeting</p> <ul style="list-style-type: none"> • <u>4th November 2020</u> <p><u>GB20/115 Integrated Performance Report (Quality)</u></p> <ul style="list-style-type: none"> • Following the discussion members raised concerns regarding the some of the figures within the report specifically on page 83 and 84 of the report which state 100% compliance. EB and JLu to discuss specific cases outside of the meeting • Query figures with Business Intelligence team on page 83 and 84. <p>Resolution: Close</p> <p><u>Update:</u> MMcD noted that this has been taken to the BI team to review, to ensure the reports are consistent. This will be reviewed and amended going forward.</p> <ul style="list-style-type: none"> • The members agreed to further discussion of the 18-25 AHD service at an upcoming Governing Body Development Session. <p>Resolution: Open</p> <p><u>Update:</u> FLT noted Gordon Jones is working on a business case development with Mersey Care NHS Foundation Trust. However the CCG is looking at other elements of mental health which require transformation which forms a bigger piece of work. This will be brought back to the Governing Body for update.</p> <p><u>GB20/148 Chief Officer Report</u></p> <ul style="list-style-type: none"> • Update on the NHS People Plan to be provided at the next Governing Body Development Session. <p>Resolution: Open</p>	<p>FLT</p> <p>MMcD</p>

No	Item	Action
	<p><u>Update:</u> MMcD noted Finance and Resource Committee have approved the People Plan and will be included in the March 2021 Development Session agenda.</p> <ul style="list-style-type: none"> Nosocomial infection rates - JLu advised that a consolidated overview report could be presented at the next Governing Body meeting to provide assurance to members. <p>Resolution: Close</p> <p><u>Update:</u> Update included in this month's Chief Nurse report.</p> <p><u>GB20/150 Updated Equality Briefing</u></p> <ul style="list-style-type: none"> JR noted she will be attending a steering group in relation to a research project commissioned by Cheshire and Mersey Healthcare Partnership to investigate the impact of COVID-19 on BAME communities. JR to report back to the Governing Body with the stakeholder briefings. <p>Resolution: Close</p> <p><u>Update:</u> This will routinely come back to the Governing Body as and when there is an update. But will also be shared with the relevant sub-committee of the board (Joint Quality and Performance Committee).</p> <p><u>GB20/151 Emergency Preparedness Resilience and Response (EPRR) Assurance 2020</u></p> <ul style="list-style-type: none"> DD queried why an equity impact assessment hasn't been completed? TJ advised she will take this back to Niall Pemberton, although it may be the case that it has been an error in not ticking the box on the coversheet. <p>Resolution: Close</p> <p><u>Update:</u> Equity Impact Assessment was undertaken.</p> <p><u>GB20/154 Emergency Preparedness Resilience and Response (EPRR) Assurance 2020</u></p> <ul style="list-style-type: none"> HN asked for a 1-2-1 discussion with KF to discuss the SEND report in detail. <p>Resolution: Close</p> <p><u>Update:</u> Meeting has taken place action complete.</p> <ul style="list-style-type: none"> KF and RC to discuss further GP cover at the Health Performance Improvement Group. To ensure Primary care are sighted on SEND performance. <p>Resolution: Open</p> <p><u>Update:</u> RC still to have this conversation in relation to GP cover at the Health Performance Improvement Group. This will be picked up outside of the meeting.</p>	RC

No	Item	Action
GB21/6	<p>Business Update</p> <p>The Chair noted the good progress which is being made on the COVID19 mass vaccination programme. RC advised that all care home patients and the majority of the staff have now been vaccinated, with work still ongoing in relation to the uptake by staff, but this is being progressed with accurate information and advice about the vaccine being shared. All over 80s have been vaccinated or will have an appointment to attend, work will now progress onto over 75s cohort and those who are clinically extremely vulnerable. Thus, being on target to complete cohorts 1-4 by the February 2021 target.</p> <p>RC noted the success of practices and CCG working together during difficult circumstances.</p> <p>Primary care is still under pressure, with very little being removed from day to day demands and staff serving the vaccination centres as and when they can. Furthermore, vaccination queries continue to come into practices.</p> <p>In relation to the ICS, there is a meeting in place with NHS England and the Cheshire and Mersey CCG Chairs to discuss the Memorandum of Understanding.</p> <p>Resolution: The members received the update.</p>	
GB21/7	<p>Chief Officer Report</p> <p>The governing body were presented with the Chief Officer report which focussed on those items not covered on today's agenda. FLT noted that the report is shorter than usual which reflects the step down of non-urgent business within the CCG as the organisation prioritises its efforts toward the mass vaccine programme</p> <p>The members were provided with an update on the COVID19 mass vaccination programme, noting a PMO has been setup to ensure delivery the programme. In terms of general progress, all vaccines received by the four identified vaccination sites have been administered to patients. Sites were initially working through the priority cohorts (initially care homes and their carers, over 80s and frontline health and care staff) and this has now been extended to over 70s and clinically extremely vulnerable individuals. Sites are continuing to ensure that all vaccines are administered and that no vaccine is wasted.</p> <p>FLT noted as we move through the priority groups to the younger age range and second doses, the CCG will still provide support, but it will be the practices who take ownership of the programme. Noting there have been over 300 volunteers processed from Sefton CVS to work on the programme.</p> <p>DB reiterated that the coordination of the programme has been a great achievement and there have been a number of compliments received from Care Homes both in terms of coordination and the support being provided.</p> <p>FLT reiterated that one dose doesn't provide full protection and we must continue with Hands, Face and Space and all other measures the governments are asking the public to follow.</p> <p>Reference was made to section two and the Community Services Mobilisation. Southport & Formby CCG awarded its community services contract to Mersey Care NHS Foundation Trust (MCFT) as agreed at the December 2020 Governing Body.</p> <p>Due to COVID pressures the CCG team have agreed with the managerial lead at MCFT that there will be a relatively light touch process in terms of the gathering of</p>	

No	Item	Action
	<p>service information and data at this point. The main aims now are to safely transfer staff and have a robust contract in place for May 2021. The respective leads from LSCFT, MCFT and the CCG meet regularly to ensure that the services continuity is maintained, especially during the pandemic.</p> <p>The members were provided with an update on The Cheshire and Merseyside Health and Care Partnership – Memorandum of Understanding (MoU) and Cheshire and Merseyside Joint Committee. FLT noted further updates will be provided to members on these items in future meetings as they progress.</p> <p>Finally, the CCG continues to monitor the potential impact that the exit from the EU may have on local health services and is required to submit a situation report (Sitrep) daily to NHS England, 7 days per week advising of the current position.</p> <p>FLT noted a slight change in reporting to the governing body with separate Chief Nurse and Chief Finance Officer reports being provided. Members agreed to provide feedback on this updated reporting mechanism.</p> <p>Resolution: The members received the report.</p>	
GB21/8	<p>Chief Nurse update</p> <p>CC provided the Governing Body with an overview of the current key issues in terms of quality within the CCG commissioned services and the wider aspects of the Chief Nurse portfolio.</p> <p>The report identified issues that are of key importance to maintaining an oversight of quality of care and sets out clarity regarding revised quality monitoring arrangements for providers.</p> <p>The Governing Body were asked to note the potential risks to safety posed by rising infection rates, in particular nosocomial infections, the supply of safe staffing impacted by the pandemic and the ongoing demand of the mass vaccination programme. The report is aligned with the quality priorities set out in the CCGs Sefton 2gether Shaping Sefton Strategy and the operational priorities set out by NHS England/Improvement.</p> <p>CC advised that the current pressures brought about by the Covid-19 pandemic have meant a number of key issues being raised due to the increased infection rates. Current pressures include the number of patients presenting to health services being Covid positive and also an increase level of staff sickness/self-isolation which has put additional pressure on provider management teams as they constantly review and adjust staff allocation and rotas to ensure that quality and safety is maintained.</p> <p>Members were asked to note the section on Infection control and Appendix 1 in relation to Nosocomial infection rates, noting that that both Liverpool University Hospitals Foundation Trust and Southport and Ormskirk NHS Trust have slightly lower post 15 day infection rates than the Cheshire and Merseyside average and that secondly further work is being undertaken and reported to the Cheshire and Merseyside Director of Nursing network to understand what is happening in practice so that improvements can be made at the frontline.</p> <p>DD queried the section in relation safe staffing and the reference to below optimal staffing and sought assurances in respect of safety. CC advised that where there are particular issues raised, they are reported back to the CCG by exception. Currently the CCG has not received any reports from the providers that are giving rise to concerns.</p>	

No	Item	Action
	<p>Resolution: The members received the report noting the steps that the CCG are taking to ensure effective risk management in these areas.</p>	
GB21/9	<p>Chief Finance Officer update</p> <p>MMcD provided the Governing Body with an overview of the Month 9 financial position for NHS Southport and Formby Clinical Commissioning Group as at 31st December 2020. He provided an update which covered the CCG's latest draft plan and subsequent progress against this noting that a revised financial regime had been introduced in response to the COVID pandemic.</p> <p>Following the financial arrangements in place due to COVID pandemic, for the first six months of this financial year, the CCG revised control total was breakeven and a monthly claims and reconciliation process was agreed to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. The CCG has received additional allocations of £7.197m to date to support COVID related costs and other CCG cost pressures. All expenditure to Month 6 has been reimbursed and the Months 1-6 financial position is breakeven.</p> <p>FLT asked for clarification on page 101 in relation to the BPPC (NHS-Volume YTD) and why it is not hitting the 95% target. MMcD advised that the underperformance is largely attributable to non-contract activity in the early part of the financial year, which have been difficult to validate under the Covid rules.</p> <p>RC queried how are Southport and Formby CCG compared to other local CCGs? MMcD advised they are very similar to the position of others within the Merseyside area.</p> <p>Resolution: The Governing Body received the report noting that:</p> <ul style="list-style-type: none"> • The control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG's likely case deficit at £8.900m. • Temporary arrangements have been implemented for the financial year which included a monthly reconciliation process for Months 1-6 to reimburse costs directly related to COVID and adjust for actual expenditure incurred. The revised control total for the period to 30th September 2020 was breakeven. • The CCG has received additional allocations of £7.197m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is breakeven. • A revised financial framework was implemented from October 2020 and will be based on financial plans agreed by the Cheshire & Merseyside Health Care Partnership. As part of this process, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in the second half of 2020/21. • The CCG financial plan was updated on 5th January 2021 and includes a forecast year end position of £2.616m deficit. Action will be required to mitigate this risk. • The Month 9 financial position is £3.305m overspent which includes an overspend of £1.309m in line with the CCG financial plan and also an overspend of £1.996m relating to costs for the Hospital Discharge 	

No	Item	Action
	<p>programme and Local Independent Sector Contracts which are awaiting a retrospective allocation adjustment.</p> <p>The year-end forecast is predicted at £4.612m deficit, which includes a break even position for Months 1-6, a planned deficit of £2.616m for Months 7-12 and cost pressures of £1.996m which are awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to £2.616m in line with the CCG financial plan.</p>	
GB21/10	<p>Integrated Performance Report</p> <p>MMcD lead the discussions advising, that the report provides summary information regarding the activity and quality performance on the key constitutional targets of Southport and Formby Clinical Commissioning Group.</p> <p>The percentage of all incomplete RTT pathways within 18 weeks has gradually been increasing (currently 80.715) but still failing to meet 92% target. Similarly, the CCG failed the less than 1% target for Diagnostics, but this has steadily been improving but still at 16.74%.</p> <p>Page 113 shows that Southport & Formby CCG are achieving 2 of the cancer indicators, concerns noted in relation to the 2 week urgent referral for breast symptoms which dropped down to 37.14% against the 93% target, this was mainly due to staffing issues at the main provider.</p> <p>Page 114 shows the 4-hour A&E waiting time target which had been met in months May and June of this year. These actual figures are now falling below the 95% target as more patients have started to attend A&E following the original lockdown. Performance is in line with trends of what we would normally see for this time of year.</p> <p>For patients on CPA and first episodes of psychosis referral within 2 weeks we are delivering against targets and this has been bolstered by Mersey Care Foundation Trust with the introduction of the crisis line which has now been agreed to be funded by the CCG.</p> <p>For Improving Access to Psychological Therapies (IAPT), the percentage of people moved to recovery was 52.7%, which for the second month has achieved the 50% target.</p> <p>Page 120-121 showed CAHMS services have made significant improvements in year and are trying to keep these high levels through the year.</p> <p>SEND arrangements notably waiting times for speech and language therapy had reduced from 25.6 weeks in December 2019 to 12.6 weeks in November 2020, despite the impact of the pandemic. Also relating to SEND, a revisit was held on 8th Dec-20 with national and regional representatives from DFE and NHSE/I to assess overall progress made with improvement notice findings as part of the by-12 month review process, and outline areas requiring focus on prior to next re-visit planned in June 2021.</p> <p>Feedback was positive and inspectors acknowledged the progress with the needs led ASD/ADHD Pathway, including the reduction in waiting times, and the response to increasing numbers whilst ensuring clear routes for those on the waiting list.</p> <p>Action - Figures relating to the number of children who are still on the pathway to be included in April 2021 Chief Nurse Governing Body report.</p>	CC

No	Item	Action
	<p>BB asked whether there was still a lack of people coming forward for the diagnosis of cancers. FLT noted that there are concerns that people are not coming forward for testing / diagnosis specifically breast screening, cervical and bowel screening. Noting that the Cancer Alliance are overseeing this to ensure it is not a service delivery issue. FLT advised there has been several campaigns over the year to advise patients that the NHS is open for business. RC noted there are still a number of patients in primary care who are reluctant to visit the hospital during the pandemic.</p> <p>DD requested that additional information be providing setting out how the CCG compares to other CCGs in the area in relation to RTT figures for greater than 52 week waits. Furthermore, what has been implemented to increase uptake in IAPT?</p> <p>FLT advised that the denominator was set on 2001 census data, which is thought to be slightly above what we would expect in prevalence. FLT further noted that the CCG have exhausted its routes for access.</p> <p>HM noted that people also access mental health services via alternatives points rather than being referred through NHS services. HM further advised it would be difficult to reach the targets unless the prevalence data is reviewed.</p> <p>MMcD noted that the CCG are performing comparatively well compared to other local CCGs.</p> <p>Action – MMcD to obtain additional information on how Southport and Formby CCG compare against other local CCGs in relation to Incomplete pathways waiting over 52 weeks.</p> <p>Members agreed that the presentation of the reports in this month's meeting worked well and were easier to digest.</p> <p>Resolution: The Governing Body received the report.</p>	MMcD
GB21/11	<p>Published Registers</p> <p>HN presented an update report on the following published registers for Southport & Formby CCG as at 31st December 2020:</p> <ul style="list-style-type: none"> • Register of Procurements • Register of Conflict Breaches • Register of Sponsorship • Gifts and Hospitality Register • Register of Interests <p>The following registers were included within the meeting pack as appendices and were received by the committee:</p> <ul style="list-style-type: none"> • Appendix A: Register of Gifts and Hospitality • Appendix B: Register of Interests: Published – Governing Body, Contractors and Employees • Appendix C: Register of Interests: Published – Member Practices <p>HN noted the Audit Committee were satisfied with how the registers are being managed and were assured there are robust arrangements in place. Further work is to be completed on the Sponsorship Register which still requires some moderation work to marry up what's what is being declared and what we have internally, specifically in relation to payments from pharmaceutical companies. Noting once this work has been completed the Gifts and Hospitality Register and Register of Sponsorship will be combined as per recommendation from MIAA.</p>	

No	Item	Action
	<p>Further communication to be circulated to staff in relation to Gifts and Hospitality due to one or two entries within the register contravening the rules.</p> <p>Resolution: The Governing Body received the report, noting the areas identified for further consideration or improvement.</p>	
GB21/12	<p>Governing Body Assurance Framework, Corporate Risk Register and Heat Map: Q3 2020/21</p> <p>The members were presented with the updated Corporate Risk Register (CRR) and GBAF as at 15 January 2021. It was noted that this was as presented to the Audit Committee on the final position of the risks for Q3 2020/21.</p> <p>Also provided is a heat map which summarises the mitigated CCG risks scored 12 and above.</p> <p>The documents have been reviewed and updated by the respective risk leads and, following analysis by the respective committees, presented through the review and scrutiny process.</p> <p>An update on the COVID-19 risks was also presented noting that the key risks have been incorporated into the main Corporate Risk Register.</p> <p>HN noted at the Audit Committee meeting in January 2021 the membership reviewed and discussed the documents and approved the removal of the risks noted in section 2 of the report. Furthermore, HN noted that all actions requested by Audit Committee had been completed on the Corporate Risk Register and Heat Map.</p> <p>Resolution: The members received the report.</p>	
GB21/13	<p>Key Issues Reports:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI e) Leadership Team <p>Resolution: The governing body received the key issues reports</p>	
GB21/14	<p>Approved Minutes:</p> <ul style="list-style-type: none"> a) Finance & Resource Committee b) Joint Quality & Performance Committee c) Audit Committee d) Primary Care Commissioning Committee PTI: <p>Resolution: The governing body received the approved minutes.</p>	
GB21/15	<p>Any Other Business</p> <p><u>RTT 52 Week update</u></p> <p>MMcD reviewed the national figures in relation to 18 week waits at the end of November 2020, performance across the country was at 68.2% with Southport and Formby CCGs performance being 80.71%, thus being ahead of the national curve.</p> <p>In relation to over 52 week waits, nationally approx. 192,000 patients, meaning an expected share of this for Southport and Formby CCG being just over 500</p>	

No	Item	Action
	<p>patients. Currently the CCG have 99 patients noted within the report, thus again being ahead of the national curve.</p> <p><u>South African Covid-19 variant</u></p> <p>FLT advised members that mass testing is to begin following the South African Covid-19 variant index case within the Southport PR9 area. This will help with seeing how prevalent this variant is within the local area. Daily meetings are in place with Public Health England and The Department of Health and Social Care.</p> <p>DB noted the local authority are mobilising staff for the mass testing and reviewing the vulnerable groups and care home to allow for additional testing.</p> <p>Resolution: The Governing Body received these items.</p>	
GB21/16	<p>Date and Time of Next Meeting</p> <p>Wednesday 7th April 2021, 13:00hrs. Format to continue as Video Conferencing meetings unless otherwise advised.</p> <p><u>Future Meetings:</u> The Governing Body meetings are held on the first Wednesday of the month.</p> <p>Dates for 2020/21 are as follows:</p> <p>2nd June 2021</p> <p>All PTI public meetings will commence at 13:00hrs, format to be confirmed.</p>	
	<p>Meeting concluded</p> <p>PTI meeting concluded using the Teams platform.</p>	14:45hrs
	<p>Motion to exclude the public:</p> <p>Due to the format of the meeting the motion to exclude the public was not required.</p>	

Governing Body Meeting in Public: Action Points

Date: Wednesday 3rd February 2021

No	Item	Lead	Update
GB20/115	<p>Integrated Performance Report Quality</p> <ul style="list-style-type: none"> The members agreed to further discussion of the AHD service at an upcoming Governing Body Development Session. 	FLT	Update - FLT noted Gordon Jones is working on a business case development with Mersey Care NHS Foundation Trust. However the CCG is looking at other elements of mental health which require transformation which forms a bigger piece of work. This will be brought back to the Governing Body for update.
GB20/148	<p>Chief Officer Report</p> <ul style="list-style-type: none"> Update on the NHS People Plan to be provided at the next Governing Body Development Session. 	MMcD	Update - MMcD noted Finance and Resource Committee have approved the People Plan and will be included in the March 2021 Development Session agenda.
GB20/154	<p>Emergency Preparedness Resilience and Response (EPRR) Assurance 2020</p> <ul style="list-style-type: none"> KF and RC to discuss further GP cover at the Health Performance Improvement Group. To ensure Primary care are sighted on SEND performance. 	KF/RC	Update - RC still to have this conversation in relation to GP cover at the Health Performance Improvement Group. This will be picked up outside of the meeting.
GB21/10(l)	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> Figures relating to the number of children who are still on the ASD/ADHD Pathway to be included in April 2021 Chief Nurse Governing Body report. 	CC	

No	Item	Lead	Update
GB21/10(II)	Integrated Performance Report <ul style="list-style-type: none"> • MMcD to gain more detail on how Southport and Formby CCG compare against other local CCGs in relation to Incomplete pathways waiting over 52 weeks. 	MMcD	

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/42	Author of the Paper: Fiona Taylor Chief Officer fiona.taylor@southsefton.ccg.nhs.uk 0151 247 7069	Clinical lead: N/A						
Report date: April 2021								
Title: Chief Officer Report								
Summary/Key Issues: This paper presents the Governing Body with the Chief Officer's monthly update.								
Recommendation The Governing Body is asked to <ul style="list-style-type: none"> Receive the update 		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Receive</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
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Links to Corporate Objectives 2021/22 (x those that apply)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment				
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	

Report to the Governing Body April 2021

COVID19 update

1. COVID19 Mass Vaccination Programme

Sefton PCN groupings continue to deliver COVID vaccinations to patients in cohorts 1-9. Good progress is being made and there has been great collaborative working with partners to ensure that hard to reach groups and carers have been offered vaccinations.

Second dose vaccinations are now underway and this means revisiting all care homes to ensure residents complete their vaccinations.

General local and national updates

2. EU Exit

The CCG continues to monitor the potential impact that the exit from the EU may have on local health services and is required to submit a situation report (Sitrep) daily to NHS England, 5 days per week advising of the current position. At the time of writing there are no significant concerns that have been identified.

3. CCG Strategic Objectives

The Governing Body has now approved the following new strategic objectives. The governing body has also delegated responsibility to a sub-committee or the leadership team to oversee delivery of each objectives and to identify and mitigate any risks that may have an adverse impact.

Leadership Team	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
Joint Quality and Performance Committee	To drive quality improvement, performance and assurance across the CCG's portfolio.
Finance and Resources Committee	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.
Primary Care Commissioning Committees in Common	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
Leadership Team	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

The CCGs Governing Body Assurance Framework is now being updated to reflect these changes and new reporting templates will be issued across the organisation so that our plans and proposals continue to be aligned to our objectives.

4. Merton House – relocation

The relocation of our headquarters from Merton House is now complete and therefore staff are no longer able to access the building. There was a significant amount of effort put in by the teams to ensure the move went to plan and all those involved are commended for their hard work and support. Particular thanks is extended to Lisa Gilbert, the CCG's Corporate Governance Manager who lead the process from the start and was on site on the day of the move to ensure it went smoothly.

The medicines management team has now moved in to Magdalen House and the governing body will receive further updates on when we will start a phased approach of moving the rest of the staff team into our new base at Magdalen House soon. In the meantime, as per government guidelines, the majority of staff will continue with remote working.

5. Staff Survey

The results of the national NHS Staff Survey have been published and the CCG's Sounding Board (our staff engagement forum) and the Leadership Team are now reviewing the results and considering next steps. The survey results are available here [click here](#).

The Leadership Team is incredibly appreciative of the time staff have taken to complete this survey and also to those who completed our own local survey last year, to assess the impact of changes to working arrangements in response to the pandemic.

To ensure that we have robust insight to how our staff are feeling it has been agreed that the CCG will run updated version of this survey to ask views on how they are adapting to how we work and also to seek views on future ways of working.

The outputs will help inform our future operating model at our new premises at Magdalene House.

6. Midlands and Lancashire Commissioning Support Unit (MLCSU) Annual Report

MLCSU have provided extensive support to the CCG throughout the pandemic not just on our response to COVID19 but also providing ongoing support to our business as usual activities and ensuring we were able to discharge our responsibilities. Working in true partnership has enabled the CCG and CSU to work effectively on key projects including, but by no means limited to, the Niche complaints and governance actions plans, ensuring our staff have excellent HR support throughout the pandemic, medicines management, emergency planning and more recently support to progress our People Plan.

The CSU's Associate Director and relationship lead between the CSU and the CCG is a member of the Senior Management Team, an arrangement which in itself demonstrates the integrated way in which the two organisations operate.

The Leadership Team and Governing Body have agreed to extend the contract for services until 31st March 2022 so that CCG can continue to benefit from support during the transition period.

A copy of the MLCSU Annual Report 2020/21 is available at Appendix 1.

To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.

7. Shaping Care Together

The Shaping Care Together programme continues and is overseen by the Joint Committee of NHS Southport and Formby CCG and NHS West Lancs CCG. The committee held a public meeting on 24th March and an update was provided by the Programme Director. Phase one of the engagement and communication process has concluded and work is underway to consolidate learning so far.

The Clinical Congress met on 11th February to review the vision and design principles for models of care and further workshops are planned. Work is also ongoing to recruit to some of the key roles within the programme.

The committee had also undertaken an annual review of its terms of reference that was led by the committee's current chair, Helen Nichols, Lay Member for Governance S&F CCG and minor changes were proposed. The terms of reference are for consideration and approval later on the agenda.

To drive quality improvement, performance and assurance across the CCG's portfolio.

8. NHS People Plan 2020-21

The CCG has an established forum that now reviews progress in respect of the NHS People Plan 2020-21. The plan set out an ambition to introduce three key roles in every NHS organisation. These are Freedom to Speak Up Guardians (FTSUG), Wellbeing Guardians and Healthy Workplace Champions. The FTSUGs have been in place for over 12 months and more recently the governing bodies of both CCGs nominated Wellbeing Guardians and the CCG is in the process of identifying Workplace Champions.

Freedom to Speak Up Guardians

Our Freedom to Speak Up Guardians in the CCGs are Moira Harrison and Sarah McGrath. These roles provide an alternative route for staff to be able to speak up and raise concerns. The roles were introduced last year and provide an additional channel for staff to use if they prefer not to speak to their line manager about something which is bothering them. More recently they have been working with the Interim Programme Lead for Corporate Services to review and update our Whistleblowing/Freedom to Speak Up policy to ensure that it is fully aligned to the requirements of the National Guardian's Officer and has a high profile in the organisation.

Wellbeing Guardians

A Wellbeing Guardian is a senior leader that looks at the organisation's activities from a health and wellbeing perspective and acts as a critical friend. The CCG's Wellbeing Guardian is Dil Daly and his role will be to question and challenge decisions which might impact on the health and wellbeing of staff.

Healthy Workplace Champions

The Healthy Workplace Champion role aims to promote the health and wellbeing of staff. This role is currently open to all staff in the CCG and we are hoping to appoint Healthy Workplace Champions in

a range of roles and levels of seniority across the organisation. Healthy Workplace Champions will work to ensure there is a positive culture around health and wellbeing in the CCGs. They will promote good practices across the organisation, for example by ensuring that staff are having regular wellbeing check ins, taking regular breaks, and taking time to be aware of their physical and mental health. They will also sit on a new wellbeing forum which is being led by one of the CCG's commissioning leads, where there will be scope to develop new wellbeing initiatives and activities in the CCGs.

9. Cancer Alliance – GRAIL Screening Study

Cheshire & Merseyside has been confirmed as the first pilot site in Europe to test the ground-breaking Galleri blood test as part of the national NHS England-GRAIL Screening Study Partnership. They will be working with NHS England, GRAIL and the Cancer Prevention Trials Unit (CTPU) to deliver this work. The aim is to recruit 20,000 participants throughout the region by March 2022.

Developed by GRAIL, the simple Galleri blood test checks for molecular changes and can identify over 50 different types of cancer such as head and neck, ovarian, pancreatic, oesophageal and some blood cancers. From summer 2021, participants will be identified and written to by NHS DigiTrials. CMCA will also be working with some GP practices to send invitations directly.

Participants will be offered an appointment at a mobile unit to confirm eligibility, give consent, and provide their first blood sample. All participants will be asked to give a further sample in Year 2 and 3.

To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes.

The CCG is working alongside its system partners to determine how it's Quality, Improvement, Prevention and Productivity plan to support the recovery of NHS services as pressures from COVID start to reduce. The focus will remain upon ensuring that the CCG can prove that the services that it commissions are effective and provide value for money. The main areas of the plan for 21/22 include review of elective care services and medicines optimisation. The CCG is also planning further conversations with the public to understand how it can provide better education and support to enable improved levels of self-care.

To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).

10. Single Primary Care Network (PCN)

Plans are underway to form a single PCN across the NHS Southport and Formby CCG GP practices. This is an exciting development and will enable the PCN to make full use of the Additional Role Reimbursement funding available in 21/22.

We await publication of the service specification from NHS England.

11. Primary Medical Care Out of Hours

PC24 will begin to delivery Out of Hours care to Sefton from 1st April 21. PC24 has run Out of Hours services for a number of years and were the successful bidder as a result of the procurement in 2020. Mobilisation of the contract was initially delayed due to the pandemic.

To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

12. Borough based working

A Strategic Task & Finish Group has been established to oversee the development of an Integrated Care Partnership in Sefton. The Group held its first meeting in March and is being chaired by the Cabinet member for Health & Wellbeing. The CCGs are represented through Leadership Team members, with PCNs also represented by Clinical Directors.

The first meeting focused on transitional and future governance arrangements with the latter potentially taking effect from April 2022. The next twelve months provide an opportunity to accelerate a new partnership arrangement that can deliver improved outcomes for the people of Sefton. As part of the transitional arrangements, the Provider Alliance is to become a Programme Delivery Group that will become responsible for driving implementation of Living Well in Sefton and Sefton2gether. A System Resources Group will also be established to oversee the development of new finance and contracting mechanisms, as well as the development of a Sefton Intelligence Hub that will drive the implementation of population health management.

13. Changing commissioning landscape

The Governing Body has now recommended the establishment of a joint committee across Cheshire and Merseyside and that proposal was accepted and approved by the Wider Membership. The Chief Officer of Knowsley CCG is continuing to lead the development of the committee and is consulting with relevant members on the proposed terms of reference, a further meeting of the respective Accountable Officers will take place in April to consider the terms of reference. Once they are drafted, they will be submitted to the Governing Body for consideration and review.

14. Cheshire and Merseyside Health & Care Partnership Memorandum of Understanding

At a previous meeting of the Governing Body members received the Partnership Memorandum of Understanding (MOU) and approved it in principle but recommending some changes. Those recommendations were shared with the Partnership Chair, Alan Yates and were considered, alongside other feedback at a meeting of the Board on the 24th February.

The following amendments have been made to the MOU and an addendum will be now be added to the document:

- Extend membership to all CCG Chairs - Responding to the need for greater local NHS perspectives in our discussions. A development which will also assist the Board by providing for some lay/independent involvement and a wider clinical voice
- Maintaining the current position of a Chair and Accountable Officer representative of CCGs

- That in keeping with the commitment provided in January these arrangements will be reviewed within six months of their introduction
- The Board agreed to introduce these arrangements from 1st June. This will support a smooth transition but will also follow local government elections now confirmed for 6th May.

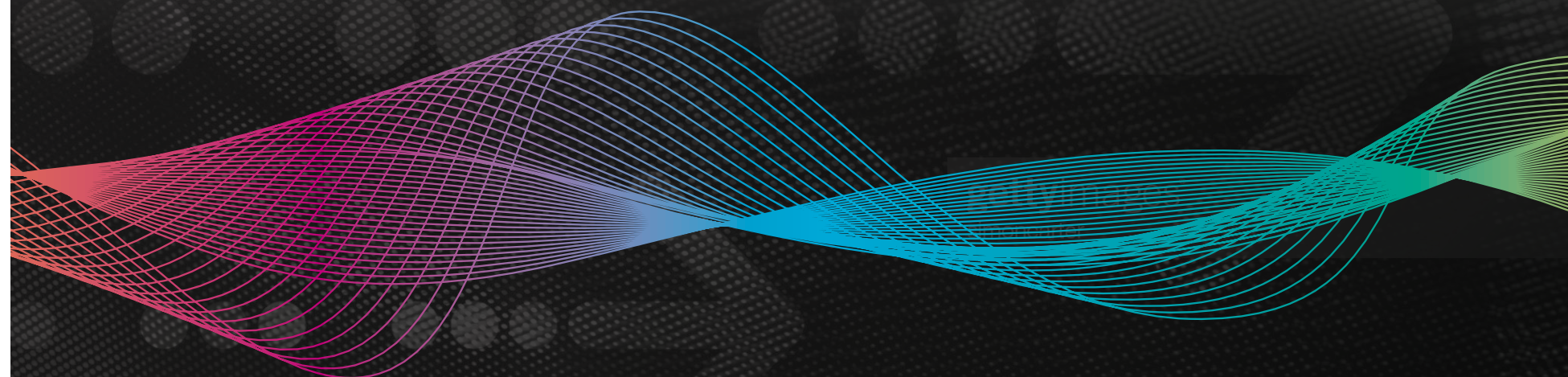
15. Recommendation

The Governing Body is asked to

- *Receive this report.*

Fiona Taylor
Chief Officer
April 2021

Our year – supporting through COVID and beyond



This is an interactive PDF. To navigate, use the arrow buttons at the top of each page or locate a specific section using the menu or buttons within the document.

About NHS Midlands and Lancashire Commissioning Support Unit

Both of and for the NHS, our vision is to be pivotal in fully supporting the delivery of major improvements in health and wellbeing. We're essential to the healthcare systems that we support, and our philosophy is to face every new challenge and opportunity together with our customers.

We've developed an unparalleled experience across a wide range of areas that positions us above other organisations providing business and commissioning services, clinical support and support to sustainability and transformation partnerships (STPs) and integrated care systems (ICSs).

We deliver added value for our customers, whatever services we provide, and maintain among the highest levels of customer satisfaction of any commissioning support unit.

In the future, we know commissioning will become far more about the strategic management of the health of the population. There will be less transactional exchanges between system providers and more responsibility upon providers to collaborate, develop and deliver services within a single system plan.

1,750+
highly skilled
NHS profes-
sionals and
subject mat-
ter experts

10 health systems served in
addition to diverse customers
across government, health and
social care

Covering **1/4** of England's pa-
tient population



I am immensely proud of everyone at MLCSU for their dedication to provide the highest quality services, in what has truly been an exceptional year. We have all adapted to remote working and shifting priorities, often along with challenging personal circumstances. In a year where we have shown we can support the whole care system, all our services have demonstrated innovation, integrity and compassion in delivering both COVID and non-COVID projects – and I cannot thank them enough.

Derek Kitchen,
Managing Director



Being a responsive system partner

During the first wave of COVID-19, we were inundated with requests for additional support across a range of disciplines. We quickly set up a system to identify what capacity we had available, across various skillsets. We were able to meet all requests for support within 1-2 days, and redeployed **over 50 people** within the **first 2 weeks** of the system being set up.

- **We established a gold command room to provide strategic and tactical coordination in Lancashire and South Cumbria.** Daily calls gather the latest picture across the system to understand any pressures, and identify if any action is needed. The team are provided with role and responsibility job cards, and standard operating procedures are in place. It has been a great success in system working, sharing resource and capacity to ensure the system is responsive and safe, and will be the blueprint for system management in urgent care after the pandemic.

- We reacted quickly to the need to postpone all booked appointments for a second dose of the COVID vaccinations. Commencing on New Year's Day, the COVID response team successfully and promptly set up a call handler service – supported by several teams including IT, RMS and O365 cloud team and a list of volunteers. Recognising the urgency of the situation, **25 MLCSU staff volunteered** evenings and weekends to make **3,724 calls** and cancel appointments in-line with the national ask.

In the first 6 months of the pandemic, we utilised **£10m of resource** on COVID-19 services, of which only **£1.7m** represented additional cost – demonstrating our strengths in scale, agility and relationships.

Being a responsive system partner

- At the start of the pandemic, we worked with the Lancashire and South Cumbria system to plan how additional system bed capacity and the Nightingale Hospitals might be accessed if needed. We **identified potential challenges and drafted procedure protocols** for transferring and managing patients. We mapped the beds in the system to ensure they were being used effectively and understand how they might be used in different potential scenarios.
- The IPA/CHC service refocused during the pandemic to provide support in all discharge pathways to improve discharge rates whilst still ensuring appropriate quality care. We supported an increase in discharge numbers by **40%** in our Mersey area. The teams have taken on some dedicated discharge pathways such as End of Life which has seen us managing up to a **100% increase** in referrals and supporting them through discharge and to provision of appropriate care.

We developed a procedure for establishing a single waiting list for planned care across Lancashire and South Cumbria which NHSE&I has adopted as the national blueprint. We provided project management resource to the national programme to cleanse and validate waiting list data working with all regions across England. We are developing a patient tracking list viewer to provide a clear picture of waiting list information which will inform system capacity, enable the sharing of best practice and improve patient pathways.

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

Being a responsive system partner



- Throughout COVID-19, our BI and UEC teams established regular briefings for our partners at Lancashire and South Cumbria ICS. We use a wide range of data sources and monitor other system pressures and performance to **make trend analyses of key metrics and highlight any actions** required.
- We worked with colleagues in Lancashire and South Cumbria to **establish a network of COVID-19 vaccination hubs**. Our partnership and system approach ensures the most vulnerable patients receive their vaccines quickly and safely. We have also provided data management support for vaccination centres under University Hospitals Birmingham, and supported the deployment of pharmacists to the Nightingale Hospital in Manchester.
- Our Improvement Unit are supporting NHSE&I by reviewing Emergency Preparedness, Resilience and Response (EPRR) reporting. We have **completed a full review and implemented improvements** to incident reporting. This has involved ensuring all decisions are logged robustly with a full audit trail, and establishing processes for collating and reporting information up through NHS leadership to central government on the COVID-19 impact and response.

Being a responsive system partner

- Our Medicines Management and Optimisation team have the **sub-regional responsibility for medicines safety** in the COVID-19 vaccination programme, mobilising staff and providing premises. Senior nursing colleagues supported by creating fit-for-purpose governance arrangements, clinical governance arrangements and senior clinical oversight of vaccination delivery.

In response to the COVID-19 Discharge Guidance issued in March 2020, over **460 staff** from IPA/CHC services were moved to home working within 2 days and reconfigured to support 7-day working (8am-8pm) within a week. This enabled the delivery of the guidance to be supported, in order to free-up beds for COVID patients, whilst ensuring protection of our staff.

The Referral Management Centre supported Warrington CCG with their **COVID helpline** which was receiving high volumes of calls. We quickly redeployed suitable staff to assist, and supplied them with clear guidance for handling a variety of queries to ensure people were called back and queries were quickly resolved.

- A result of the COVID-19 incident was that numerous organisations were becoming involved in the procurement and distribution of vital supplies of Personal Protective Equipment (PPE) and medical equipment. Our Improvement Unit delivered a **robust and effective database for the NHS Supply Chain** to improve processes, standardisation and data quality in the procurement of core items. This enabled the programme to move forward at pace and meet the requirements of the incident. PPE workstreams remained on track and key milestones were achieved which resulted in more efficient and effective supply chain processes.

Our response to the Long Term Plan

We are in the very best position to support the Long Term Plan's areas of focus:

- We are helping health systems explore, co-design and implement new **contracting, governance, hosting and performance management** structures.
- We have developed a series of offers for **GP practices and primary care networks** to help them form, professionalise and grow.
- The Health Economics Unit is working to advance the application of machine learning and AI in addressing **population health management** challenges. We are also driving forward work on **population profiling and risk stratification**.
- We are delivering innovative approaches to **urgent and emergency care** management.
- We are continuing to support improvements in **medicines management and optimisation**.
- Our process and service improvement consultancy service (The Improvement Unit) continues to use its programme management and change expertise **to improve outcomes, quality and efficiency** for customers.
- We can help systems secure a robust single approach to delivering **waiting list management** as part of the national COVID-19 restoration and recovery plans.
- Our Digital Innovation Unit is **utilising automation and chatbot technology** to facilitate more efficient care delivery.
- We offer a diagnostic programme to identify potential **back-office efficiencies**, followed by co-design of a solution in line with Carter principles and deployment across the system.

We are working to ensure the **collective expertise and experience** of our people is utilised most effectively throughout the wider health and care system as the landscape changes. Our approach to talent management and development and our CSU resourcing plan are enabling us to **respond quickly and strategically** to requests from new and existing customers.

Our response to the Long Term Plan

Our services fit broadly within the three areas of:

- **NHS consultancy:** Looking at strategic transformation, operational efficiency and driving improvement
- **Data, digital and population health management:**
 - Flexible, robust and cutting edge data management for increasing requirements for wider data sets and real-time data
 - Comprehensive and accurate analytics and reporting for operational planning and performance
 - Data management and analytical experience with a range of datasets to support driving PHM, predictive and actuarial analytics
- **Business support:** Delivered at the most effective place, done once and shared, delivering both cost and operational efficiency.

We also have a proven track record in adapting quickly to meet the changing needs of systems, and never more so in our response to the COVID-19 pandemic.

Read more about how we have added real value to the systems we support over the following pages.



NHS consultancy

- Through our partnership with **PredictX**, we used health and social care data to accurately predict **81% of hospital admissions** from A&E on a sample of observed patients, and identified the key factors leading to A&E admissions.

- Our Strategy Unit worked with the Health Foundation, King's Fund, Nuffield Trust and others to provide **evidence reviews to guide decision makers** to help services respond. One looked at the impact of the pandemic on likely demand for mental health services; the other looked at waiting lists for planned care.

- To understand how a COVID-driven recession could impact on population health in the Black Country and West Birmingham, our Strategy Unit undertook a **novel analysis** and produced **modelling** which will be used to discuss which outcomes to prioritise, and exploring the most appropriate evidence-based intervention mechanisms to use to address local needs.

Bed reduction programme with Blackpool Teaching Hospital NHS Foundation Trust achieved **10% increase** in zero-day length of stay rate and **15% reduction** in number of occupied bed days per 1,000 in over-65s.

- The project management expertise and networking skills of our Contracts Management Team were deployed to support the recovery of elective care activity during the pandemic. To support the delivery of the Clinical Validation Programme, we engaged strategically with **all 23 North West trusts** and facilitated over **30 online training sessions** to over **200 delegates**.

Our OTiS team has helped **16 emergency departments** reduce their waiting times with a mix of consultancy support on-site and an interactive digital reporting suite designed by BI and clinical experts.

- Development of **strong plans for elective recovery** that meant that - until the very peak of the second COVID surge was felt - the system trajectory for elective care set within the phase 3 plans was being met, despite the return of levels of COVID admissions well above the peak of the first wave.

- Programme management of the North West region COVID-19 Recovery Cell** was implemented at pace, whilst continuing sustainable and robust planning and assurance processes. We have already demonstrated improved efficiency and effectiveness of processes.

Data, digital and population health management

In **1 region**, using VBCchecker over **2 years** helped to:

- Reduce elective procedures by **14,000**
 - Save **£18m+**
 - Reduce individual funding requests needing consideration by CCGs by **50%**
-
- We provided data intelligence and clinical insight which enabled Lancashire and South Cumbria ICS to precisely target discharge opportunities leading to **faster recovery from waves 1 and 2 of the COVID pandemic**. It enabled the safe reduction of bed occupancy, the step-down of capacity planning and the development of a blueprint and best practice example for the North West.
-
- We are working on a 2-year project to explore key digital infrastructure challenges faced when **deploying digital infrastructure to rural areas**. We are leading the implementation of health and social care using 5G technology in rural Herefordshire and Worcestershire.

- We have worked with **3 STPs** to help scale the Remote Monitoring Care Programme with a particular focus on COVID-19 patients and the management of patients with long-term conditions to support home-based care.

-
- To improve the low utilisation of Electronic Repeat Dispensing (eRD) across the Midlands, we delivered webinars to nearly **700 healthcare professionals** which had **84% 'excellent'** or **'good'** feedback. Over 400 professionals registered onto our bespoke online platform to join discussions and access key resources.

Integrating data analytics to build a profile of over-65s in Walsall resulted in **improved patient care** and **significant savings**. Our insight prompted reconfiguration of the acute setting's clinical workforce and bed base, resulting in expected savings in **excess of £1million** over one financial year, fewer admissions and sustainable reduction in length of stay.

Data, digital and population health management

- The COVID-19 outbreak sparked an urgent need to roll-out the use of video consultations for outpatient appointments. In three weeks, we trained staff across 54 trusts in the North West and North East and Yorkshire to enable over 100 services and specialities to start working in this way. Seven months on, **over half a million** video consultations have taken place, with the North West consistently one of the highest users outside of London.
- Using **Aristotle Xi**, our COVID-19 Care Homes Report utilises the latest data from the National Care Homes Capacity Tracker. Over **2,000 care homes** and other facilities (hospices, community and acute rehab locations) are prompted to share any pressures such as workforce, PPE, bed vacancies, COVID cases and staff sickness absence. It enables our CHC service to support early warning monitoring and discharge placement.
- The BI team produced a high-level population profile to provide PCNs with a concise overview of their **demographics, segmentation and health indicators**. We demonstrated the reports to our colleagues embedded within the CCGs so they could present them to CCGs and PCNs with confidence.

On behalf of NHSE NW, we completed process mapping and audit of the hospital-acquired COVID infections data at Liverpool University Hospitals Trust. Our audit found up to **40% of cases** on the sitrep might not have been nosocomial, and we supported the Trust to investigate and make improvements to recording in future.

- Our COVID-19 Testing Dashboard is based on Public Health England Pillar 1 and Pillar 2 COVID-19 testing data. Test data is plotted against population figures and is mapped to wards, local authorities and ICSs. Other metrics including age, gender, ethnicity and rates per 100,000 are calculated to provide a rich picture. The **dashboard allows hotspots or emerging hotspots to be identified and monitored** against a range of indicators.

Introduction of our Trac recruitment system within **MLCSU and 35 CCGs** has led to a **43% reduction** the time taken to offer an unconditional offer of employment.

Business support

- Our IT service consistently achieves a **99% uptime**, supports **20k users** and **30k devices** and over **1,000 practices**. We recently **saved £22m** by reducing 800 servers to 300.

We are **England's largest provider** of funded care and individual patient activity support:

- 20,000+** active caseload
- 20+** CCGs supported
- 450** expert staff

- Our end-to-end digital commissioning tool (**adam**) realises cost, time and quality efficiencies for CCGs, improving the experience and choice that patients and their carers have. Placement costs have been reduced by **4-7% per week**, and the time taken to place residents has halved, leading to significantly enhanced patient experience and faster discharge from hospitals. Furthermore, this approach has stimulated the local market and increased available market share by **28%**.

adam

- Our cloud-based portal, **PrimaryPoint**, provides resource management and governance support to primary care practices, groups and PCNs. **700 GP practices** have signed up since September 2020.

Our **Find Me A Locum** app takes the stress out of finding GP locums. In the first 8 months in North Staffordshire, almost **100 GPs** registered and around **1,400** vacant sessions were filled.



- 30%** of all calls made by our referral management team to book appointments were going unanswered. We introduced **ChatBot technology** to make calls, and transfer to call handlers when calls are answered by patients. This ensures that the team are fully effective by only spending their time talking to patients.

Business support

- Our Finance Services Team and Digital Innovation Unit collaborated to improve the system for processing S12 Doctors claims for Mental Health Act assessments, which was very labour intensive, time consuming and inefficient. The **'Find Me An S12 Doctor'** web platform and app was launched in November 2020, and is already well received by all stakeholders.



The independent sector framework was created to increase capacity on the system during the COVID response. We are leading the CSU offer to the North West region and have created joint specifications, quality schedules, finance packages, and provided BI support.

- We have provided a helpdesk facility for staff at Blackpool Teaching Hospitals to access a new COVID test being piloted there to **identify asymptomatic staff and therefore reduce spread of infection**. The Midlands Analytical Hub has also been modelling the process to understand testing throughput and capacity and investigating opportunities to support similar projects elsewhere.



Contact us

Leicestershire and Rutland, Shropshire
and Staffordshire

Leicestershire and Rutland, Shropshire and Staffordshire

Martin Pope

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MEETING OF THE GOVERNING BODY
April 2021

Agenda Item: 21/43	Author of the Paper: Chrissie Cooke Interim Chief Nurse Email: chrissie.cooke@southseftonccg.nhs.uk	Clinical Lead: Dr Rob Caudwell Clinical Lead for Quality Dr Hilal Mulla Clinical Lead for Mental Health						
Report date: April 2021								
Title: Chief Nurse Report								
<p>Summary/Key Issues:</p> <p>This paper presents the Committee with an update regarding key issues that have occurred since the last report which was presented in February 2021. The key risks to draw the committees attention to are:</p> <ol style="list-style-type: none"> 1. Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual. 2. Continued risks to the workforce. 3. Risks associated with the acquisition of services to Mersey Care. 4. The current position regarding CHC. <p>The Committee is asked to note the mitigation set out in the body of the report.</p>								
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>		<table border="1"> <tr> <td>Receive</td> <td align="center"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approve</td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>Ratify</td> <td align="center"><input type="checkbox"/></td> </tr> </table>	Receive	<input checked="" type="checkbox"/>	Approve	<input type="checkbox"/>	Ratify	<input type="checkbox"/>
Receive	<input checked="" type="checkbox"/>							
Approve	<input type="checkbox"/>							
Ratify	<input type="checkbox"/>							

Links to Corporate Objectives 2021/22 (x those that apply)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes

	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees	x			The content has been discussed at Joint Quality and Performance Committee

Report to the Governing Body April 2021

1. Executive Summary

- 1.1 This paper presents the Governing Body with an update regarding key issues that have occurred since the last report which was presented in February 2021.
- 1.2 The key risks/issues to draw to members attention to are:
- Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual;
 - Continued risks to the workforce;
 - Risks associated with the acquisition of services to Mersey Care;
 - The current position regarding CHC.
- 1.3 The Governing Body is asked to note the mitigation set out in the body of the report.

2. Key Updates

2.1 Temporary Quality Monitoring Arrangements

- 2.1.1 In the last Chief Nurse's report to Governing Body it was reported that in response to a request to stand down quality monitoring, the CCG temporarily revised quality monitoring mechanisms, confirming the arrangements to provider organisations in writing. Previous arrangements have now been reinstated, as of March 2021.

2.2 Restoration of Services

- 2.2.1 Following the Covid response and the anticipated return to business as usual, all providers have been asked by NHSE to plan for restoration of services. This includes plans for recovering elective waiting times and stepping up harm reviews that may have occurred during waiting. The restoration process will be managed in a similar way to the command and control structure currently in place for the Covid response. This means that elective recovery will be managed and delivered at a system level, with a system level PTL, and the in-hospital cell taking responsibility for oversight. Patient safety and avoiding harm is a key element.

Effective communication with patients to keep them informed regularly, in relation to their wait and any service changes, ongoing PTL validation and clinical review should become a core component of elective restoration involving end-to-end review and involving primary care.

2.2.2 The Governing Body was alerted, in the last Chief Nurses report, to the ongoing risk to staffing and this has been recognised in the system level restoration plan. It includes strategies to support the resilience and recovery of our workforce and recognises this is paramount to ensure both a sustainable recovery and the best possible outcomes for our patients. It will include longer term investment, particularly in health and wellbeing, the flexible use of resources and support to staff to lead and transform.

2.3 Understanding Harm from Waiting

2.3.1 During the pandemic period the CCGs gained early sight from the Trusts (via CSU) of all long waiters, monitoring the 36 week waiters, at speciality level for all contracted key providers. The CCGs also received assurance information for the 52 week waits from each Trust on the issues and plans. This information is reported to Governing Body on a monthly basis in the Integrated Performance Report.

2.3.2 Assurance was also sought and provided at CCF and CCQRM meetings on a monthly basis with Southport & Ormskirk Hospitals NHS Trust (S&O) as lead commissioner, and as associates to other acute contracts such as Liverpool University Hospitals Foundation Trust (LUHFT). Proportionate view of long waiters against total waiters comparable to national levels was also monitored.

2.3.3 NHS South Sefton CCG is comparable to national levels at 6.7% of total waiters over 52 weeks, whereas NHS Southport & Formby CCG (SFCCG) are significantly better performing at only 2.4% of the total waiters over 52 weeks.

2.3.4 Assurances included risk stratification of patients on both Referral to Treatment Times (RTT) and non-RTT Patient Tracking Lists (PTLs) in place, including processes for patients to be fast tracked to a clinician if their condition deteriorated. Throughout the recovery phase, a priority has been given to long waiters and clinically urgent patients. The CCGs have received an overview of these assurances via quality monitoring meetings. The CCGs are now moving into a process of reviewing the patients waiting on lists to check that no harm has occurred and determining action for those whose clinical priority has changed.

2.3.5 It is likely that as we return to business as usual there may be quality issues that come to light that have not been picked up during the pandemic. The monitoring systems did not identify any significant under-reporting of patient safety or experience. However the pandemic saw unusual times and new practices emerge and there is the potential that, on reflection, people may decide that they are not happy with the outcome.

2.3.6 These may be patient/family complaints, safeguarding referrals and incidents that have previously gone unreported and retrospective identification of harm. This is a potential pressure on the quality team and other CCG and provider colleagues. The pressure from an increase in complaints and incidents coincides with a time when staff are coming out of significant pressure from the Covid response and are vulnerable to issues such as post-traumatic stress disorder. Additional pressure will come from the discussion and transition into the ICS, as people start to cope with change. Our response to this is being picked up by the CCGs organisational development plan.

3. Conclusions

- 3.1 The content above reports on the activities of the CCG in quality monitoring and development over the past few weeks.
- 3.2 The key risks/issues to draw to members attention to are:
- Potential increased complaints, incidents, safeguarding referrals and retrospective identification of harm as the system returns to business as usual;
 - Continued risks to the workforce;
 - Risks associated with the acquisition of services to Mersey Care;
 - The current position regarding CHC.

4. Recommendations

- 4.1 The Governing Body is asked to note the update and risk mitigation set out in the body of the report.

5. Appendices

Appendix 1- Summary of Quality Issues

Chrissie Cooke
Interim Chief Nurse
April 2021

Appendix 1 Summary of Quality Issues.

Southport and Ormskirk Hospital NHS Trust

Southport and Ormskirk Hospitals received an unannounced CQC inspection on 3 March 2021, with a particular focus on the 'Well-Led' and Medicine and Urgent Care. The Trust submitted additional evidence to the CQC and at the end of the site visit received positive feedback from the inspection team. The Trust has since received an interim letter confirming some aspects of the inspection but has yet to receive the outcome and the full report. This is still subject to CQC governance processes.

Following the review of the level of surveillance status for the Trust at Cheshire and Merseyside QSG in February, a decision was made to reduce the level of surveillance from 'enhanced' to 'routine'. A letter has been sent to the Trust from the CCG Chief Nurse confirming the changes in surveillance status.

Ophthalmology - an update was provided at the March CQPG in relation to ophthalmology waiting times, risk stratification and patient harm. The Trust submitted the 'plan on page' which includes overdue review and risk stratification. There has been progress against overdue reviews with a reduction from 1136 to 1695 (17 February 2021). The Trust is expected to provide a breakdown of ophthalmology patients on the waiting list by subspecialty, starting with patients with glaucoma due to the risk for this cohort. The date when this will be expected to be received will be confirmed on 19th March 2021.

The Trust has also been able to make significant investment into the ophthalmology service including; 3 x WTE consultants, 2 middle grade doctors, a failsafe officer and additional administration. There is however a high level of cancellation for outpatient appointments due to Covid, which they are looking to address, with support from the CCG communications team.

Alder Hey Children's Hospital NHS Trust

The external review of the Trust's waiting times for children and young people waiting greater than 52 weeks has been raised on StEIS. The Trust has provided a breakdown by CCG, which confirmed there were 4 for South Sefton CCG and zero for Southport and Formby CCG. Alder Hey has confirmed no harm has occurred following clinical review.

A presentation was provided at the February CQPG on safe waiting list management. The Trust has a plan in place with governance arrangements which include; reporting to a specific programme board which meets fortnightly, reporting to the Trust Safety Quality Assurance Committee, and externally to MBI.

The programme board includes membership of Liverpool CCG colleagues to provide commissioning oversight. Progress will continue to be monitored at the CQPG.

Mersey Care NHS Foundation Trust

Acquisition: The transfer of Lancashire Care Community Services to Mersey Care is going according to plan. There are also discussions being held to develop a Sefton-only CQRM with Mersey Care that will cover mental health and community services. The process is being consulted on at the moment and a paper will be taken to Joint Quality and Performance Committee in May 2021, with a view to commencing the new process in June 2021.

The acquisition of North West Boroughs by Mersey Care is also progressing according to plan. Leadership Team members met with NHSE/I transformation team in March, regarding risks and issues that need to be monitored during the transition process. Potential quality issues identified were related to capacity for executive engagement and oversight, management breadth, challenges of bringing different organisational cultures together, alignment of differing governance processes and the handling of potential legacy quality issues.

Continuing Healthcare: The CCG was made aware on 23rd February, of cases that were awaiting assessment and or review under the CHC framework which were the responsibility of Mersey Care NHS Foundation Trust (Mersey Care). This is a specific issue for South Sefton CCG. It is currently estimated 52 cases are awaiting assessment (for either CHC checklist or Decision Support Tool completion) and 35 cases are awaiting review (currently in receipt of a package of care). This spans across financial years for 2019/20 and 2020/21. Meetings have taken place between South Sefton CCG, Liverpool CCG, Mersey Care including local authorities on 2 and 9 March, with arrangements in place for weekly meetings going forward. The Chief Nurse for NHS South Sefton CCG along with the Chief Nurse for NHS Liverpool CCG met with the Executive Director of Nursing & Operations for MCFT and articulated their concerns.

A paper has been presented to Leadership Team and the South Sefton CCG Finance and Resource Committee, noting the reputational damage (breach of the national CHC framework) and financial risks to the CCG. CCG Chief Nurses have written to Mersey Care outlining concerns and next steps

Developments in Intermediate Care - Stoddart House

In December 2020 Mersey Care approached SSCCG colleagues about relocating ward35 into Stoddart House. A meeting was held between the CCG, Mersey Care and Sefton Council and the move was agreed in principle. The CCG expected that a piece of work would be done to clarify how this would impact Sefton patients. This did not happen as Mersey Care progressed the plans to move ward 35.

The lack of involvement of commissioners in the developments created the circumstances for concerns to develop about the interface across different pathways and services and safety issues such as criteria for admission, staffing levels and medical cover.

A series of meetings were held from end of February 2021 onwards which provided assurance to Leadership Team regarding the safety of patients and the interface across pathways. The CCG is now included and involved in the implementation and mobilisation of phase 1 (transfer of Ward 35) and phase 2 (opening of other wards). The CCGs Chief Nurse has reviewed the management approach to the implementation of this new unit and is satisfied that patient safety issues are being identified and appropriately addressed. She has also confirmed the escalation process regarding quality concerns is directly to herself and meets with the Director of Nursing and Operations at Mersey Care to continue this assurance process.

It was clarified that there are no more Seacole beds as these now form part of the overall 69-bed capacity in Stoddart House. Ward 34 Aintree-to-Home and Aintree-at-home also form part of this configuration.

Liverpool University Hospitals NHS Foundation Trust (LUHFT)

The Trust has a recovery trajectory for elective care with timescales and the LCCG performance team has benchmarked the Trust against the national picture and it is not showing as a significant outlier. There are concerns around the trauma & orthopaedics specialty and an assurance paper has been requested for the March Operational CQPG meeting, on 24 March 2021.

LCCG quality team with support from the CCG Clinical Leads and the CCG Performance team have now commenced monthly review panels to collate the findings of the long wait cancer harm reviews submitted initially for 104 day cancer breaches in line with Cheshire & Merseyside (North West) NHSE/I -Agreement for the Management of Long Waiting Cancer Patients. To date 42 Harm reviews have been reviewed from LUHFT. They have highlighted that in the majority of cases no harm has been identified as a result of the delay to treatment. However 3 reviews have (2x colorectal; 1x Hepato-Pancreato-Biliary) which the CCG quality team are following up with the Trust. To note Trust definition of harm is any instance where the disease has progressed. The patient experience element of the wait for treatment has not been explored by the Trust within the Harm reviews submitted to date. This feedback has been shared with the Trust. The LCCG Quality Team is working closely with the Cancer Managers at LUHFT to continually develop and improve the process. Feedback and escalation will also be formalised using CQPG process for wider discussion and triangulation as required.

The Never Events desktop review, reported in the last Chief Nurse report, has taken place with NHSE/I, LCCG and the Trust. It looked at 12 out of 13 Never Events as part of a deep dive exercise regarding investigation reporting and learning. Themes identified include strengthening patients and staff voice within reports.

Regarding falls improvement work, the LCCG quality team recently had an SI panel which reviewed five LUHFT falls incidents along with their falls improvement plan. Feedback was provided and the Trust has a refocused falls improvement plan which will be submitted to CCF once it has been through Trust internal governance.

Regarding Infection Prevention and Control there is an outstanding MRSA PIR that will be chased up with the Trust by LCCG.

JTAI Plan Progress Update

The JTAI Health Improvement plan continues to be progressed and monitored via the monthly JTAI health partners group chaired by the Deputy Chief Nurse with feedback into the wider partnership plan overseen by the Local Authority and at the Children's Health and Wellbeing Board.

There are currently 5 outstanding actions out of 44 original actions. The CAMHS waiting times action remain RAG rated red and relates to CAMHS waiting times of children being assessed and treated by 18 weeks. The expected target completion date of December 2020 was not met. Alder Hey has reported reassurance on measures in place to ensure safety netting with urgent referrals being prioritised. The children's commissioning team intend to report to Leadership Team to highlight the current lack of progress against this measure, which is based up on the COVID pandemic and an increase in referrals to the service. The remaining actions are amber, with one anticipated to be completed in April.

Due to the reduction in the number of actions on the JTAI action plan and the comparable actions within the SEND action plan, a paper was submitted to leadership team on 16 March proposing the two agenda's would merge across to the SEND health performance improvement group. The proposal was approved with the request that the action plans remain distinct. The terms of reference of the SEND health performance improvement group are in the process of being updated to reflect the requirements for JTAI.

MEETING OF THE GOVERNING BODY APRIL 2021

Agenda Item: 21.44	Author of the Paper:	Clinical Lead:
Report date: April 2021	Martin McDowell Chief Finance Officer martin.mcdowell@southportandformbyccg.nhs.uk 0151 317 8350	N/A
	Rebecca McCullough Head of Strategic Financial Planning rebecca.mccullough@southportandformbyccg.nhs.uk 0151 317 8396	

Title: Financial Position of NHS Southport & Formby Clinical Commissioning Group – Month 11 2020/21

Summary/Key Issues:

This paper presents the Governing Body with an overview of the Month 11 financial position for NHS Southport and Formby Clinical Commissioning Group as at 28th February 2021.

The standard business rules set out by NHS England require a 1% surplus in each financial year. However, as part of the CCG's long term recovery plan, the original control total set by NHS England for 2020/21 was a surplus of £0.900m (0.4%). The CCG draft financial plan identified a QIPP savings requirement of £14.956m to achieve the notified control total.

The risk adjusted (likely case) financial position for 2020/21 was assessed in the CCG's draft financial plan at £8.900m deficit. It should be noted that the draft plan was not approved by NHS England.

Temporary financial arrangements have been implemented during 2020/21 and the CCG submitted revised plans for the financial year.

Following review with partners across the Cheshire & Mersey health economy and with agreement from the CCG Senior Leadership Team, the CCG agreed to revise the forecast deficit to £1.591m in Month 10 on the basis that this would provide access to additional resources to further reduce the deficit to a break even position. Additional funding of £0.900m was received in Month 11 and further allocations have been approved for Month 12 which will support the CCG to achieve the break even position for the year.

For the first six months of the financial year, the CCG revised control total was breakeven and additional allocations were received to reimburse costs directly related to COVID and to adjust allocations to support actual expenditure incurred by the CCG. The CCG received additional allocations of £7.197m to support COVID related costs and other CCG cost pressures. All expenditure to Month 6 has been reimbursed and the Months 1-6 financial position is breakeven.

It should be noted that NHS England have advised that the additional allocations relating to expenditure linked to COVID and Top-up claims may be subjected to an external audit commissioned by NHS England to confirm that funds have been applied reasonably and according to guidance issued.

The financial position at Month 11 is £0.867m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector contracts for which are yet to be reimbursed.

The provisional year-end forecast is predicted at £1.151m deficit which includes costs for the Hospital Discharge Programme and Independent Sector Contracts forecast to the year end.

The forecast deficit will reduce to break even once the retrospective allocations for the Hospital Discharge Programme and Independent Sector contracts are approved.

Recommendations;

Receive	X
Approve	
Ratify	

The Governing Body is asked to receive this report noting that:

- The control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG's likely case deficit at £8.900m.
- Temporary arrangements have been implemented for the financial year which included a monthly reconciliation process for Months 1-6 to reimburse costs directly related to COVID and adjust for actual expenditure incurred. The revised control total for the period to 30th September 2020 was breakeven.
- The CCG has received additional allocations of £7.197m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is breakeven.
- The planned deficit was revised to £1.591m following review in February 2021, agreed resources have been received in Month 11 and approved for Month 12 which will support the CCG to achieve a break even position for 2020/21.
- The Month 11 financial position is £0.867m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector Contracts which are awaiting a retrospective allocation adjustment.
- The provisional year-end forecast is predicted at £1.151m at this stage which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to break even.

Links to Corporate Objectives 2021/2022 (x those that apply)

X	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.

X	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
X	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
X	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement	X			
Clinical Engagement	X			
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered	X			
Locality Engagement		X		
Presented to other Committees		X		

Report to Governing Body April 2021

1. Executive Summary

This report focuses on the financial performance of Southport and Formby CCG as at 28th February 2021.

Table 1 – CCG Financial Position

	Annual Budget	Budget To Date	Actual To Date	Variance To Date	Actual Outturn	Forecast Outturn
	£000	£000	£000	£000	£000	£000
Acute	114,594	105,151	106,002	851	115,457	862
Mental Health	21,298	19,544	19,385	(158)	21,275	(23)
Continuing Care	20,450	19,004	19,066	62	20,409	(41)
Community Health	24,182	22,227	21,854	(373)	23,972	(210)
Prescribing	24,745	22,807	22,807	(0)	24,745	(0)
Primary Care	26,430	24,232	23,573	(659)	25,725	(705)
Corporate & Support Services	2,215	2,028	1,953	(75)	2,134	(81)
Other	8,842	8,170	8,111	(59)	8,770	(72)
Total Operating budgets	242,756	223,163	222,751	(412)	242,486	(269)
Reserves	3,102	1,344	0	(1,344)	1,376	(1,727)
In Year Planned (Surplus)/Deficit	(3,146)	(2,622)	0	2,622	0	3,146
Grand Total (Surplus)/Deficit	242,711	221,885	222,751	867	243,862	1,151
Retrospective Allocation - HDP	0	0	(474)	(474)	(508)	(508)
Retrospective Allocation - IS Contracts			(393)	(393)	(643)	(643)
Revised (Surplus)/Deficit	242,711	221,885	221,884	0	242,711	0

The Month 11 financial position is an overspend of £0.867m which includes costs for the Hospital Discharge Programme (£0.474m) and Local Independent Sector contracts (£0.393m) which are anticipated to be reimbursed.

The revised year-end forecast is predicted at £1.151m deficit which includes cost pressures relating to the Hospital Discharge Programme and Local Independent Sector contracts forecast to the year end. The deficit will reduce to break even following reimbursement.

Financial Arrangements April to September 2020

The CCG financial plan for 2020/21 was suspended as a result of the COVID emergency. A temporary finance regime was implemented for the period April to September 2020 and CCG allocations were replaced with revised allocations to reflect the temporary finance and contracting arrangements in place.

For the first six months of this financial year, the CCG revised control total was breakeven. A monthly claim process was agreed to recover any costs directly related to COVID and also a monthly reconciliation process to adjust CCG allocations to support reasonable variances against the CCG revised allocations during this period. Additional allocations have now been received and all cost pressures up to Month 6 have been reimbursed, the financial position for Months 1-6 is breakeven.

Financial Arrangements October 2020 to March 2021.

Guidance was published in September 2020 on the financial and contracting framework for the remainder of the 2020/21 financial year to support phase 3 of the NHS response to the COVID-19 pandemic. Funding arrangements are to be managed at system level with fixed funding envelopes issued to each system and a requirement for commissioners and providers to achieve financial balance within these envelopes.

The Cheshire and Merseyside Health Care Partnership are required to mutually agree individual organisational surplus and deficit positions to be delivered in 2020/21.

The arrangements are summarised as follows:

- Block contracts and top up arrangements with providers will remain in place until further notice.
- Nationally mandated contracts will apply through 2020/21; block payment arrangements supersede activity and finance contract schedules with focus on restoration of levels of activity to pre COVID levels with local management of the COVID response.
- Funding arrangements are to be at system level with fixed funding envelopes issued to each system – providers and commissioners must achieve financial balance within these envelopes. There is a requirement for the system to break-even and the system may mutually agree to deliver organisational surplus and deficit positions.
- The fixed funding envelopes for systems:

Include

Nationally calculated CCG allocations and block contracts including system top up
Growth funding – for new services and capacity growth

COVID-19 allocation

Funding to providers for directly commissioned services

Exclude

Funding for Cancer Drugs Fund

COVID-19 services funded by the Government – e.g. Nightingale Hospitals
National service development funding (SDF)

Funding for the elective incentive scheme and the independent sector above amounts included in funding envelopes.

As part of the financial arrangements described above, NHS England and Improvement have advised that NHS Southport & Formby CCG is required to deliver a year end control total deficit of £3.765m in 2020/21. This control total has been received as an additional allocation for Months 7-12.

The CCG forecast position has been revised to break even following receipt of additional funding allocations in Month 11 and approved for Month 12. The financial framework for 2020/21 and 2021/22 was set out in the operational planning guidance published in January 20 and stated that a CCG's historic debt will be written off on the condition that the CCG addresses the underlying financial issues and achieves in year financial balance for the two years following the write off.

CCG Expenditure Plan

The CCG expenditure plan has changed as a result of actions implemented in response to the COVID emergency.

Block contracts have been agreed for NHS providers, the values of which are directed by NHS England and NHS improvement, based on expected expenditure for the period using 2019/20 performance to Month 9 as a baseline for the calculations. Non-Contract Activity (NCA) invoicing has also been suspended with income normally relating to NCA's being allocated to NHS providers within the Block arrangement.

Some Independent Sector contracts have been procured nationally for the year to date, and as a result, the CCG will not incur costs for these providers. Other contracts with Non-NHS providers have been renegotiated for the period based on expected activity levels.

Income for General Practice has been protected at 2019/20 levels to recognise the need to direct primary care resources to the COVID response rather than the business as usual activities which generate some of the GP contract payments.

Month 11 Financial Position

The main variances within the CCG financial position can be analysed as follows:

- The Acute Commissioning budget is overspent due to costs for Local Independent Sector contracts which were not included in CCG allocations and are anticipated to be reimbursed in future months.
- The Continuing Care budget is overspent in respect of additional care packages related to hospital discharges to support the COVID response. Additional allocations anticipated for the Hospital Discharge Programme will reduce this overspend.
- The Community services budget reports as underspend relating to intermediate care costs being lower than anticipated in the CCG plans.
- The Primary Care Delegated Commissioning budget is underspent mainly relating to a delay in recruitment to additional roles and other claims.

COVID-19 and the CCG Financial Recovery Plan

The Covid-19 pandemic was declared on 12 March 2020 and the UK government made announcements about how the population should act including the confirmation of funding to support NHS organisations throughout this pandemic.

Throughout 2019/20, the CCG worked with the regional team alongside system partners to identify options to reduce the system financial gap and restore long term financial sustainability. "Business as usual" processes have been suspended in the year to date to allow focus to be concentrated on the NHS response to the COVID-19 pandemic. This includes changes to the NHS financial and contracting regime, the introduction of central command and control measures and a pause on previous financial recovery processes with regulators in the short term. The CCG will continue to work with partners as appropriate to focus on key QIPP areas to ensure that projects can be progressed in the post pandemic period.

2. Finance Dashboards

1. Finance Key Performance Indicators				
Report			Commentary	
Report Section	Key Performance Indicator		This Month	
1	Business Rules	1% Surplus	n/a	
		0.5% Contingency Reserve	n/a	
		0.5% Non-Recurrent Reserve	n/a	
		Control Total (April-September)	✓	
		Control Total (October – March)	✓	
2	Breakeven	Financial Balance	✓	
3	QIPP	QIPP delivered to date <i>(Red reflects that the QIPP delivery is behind plan)</i>	x	
4	Running Costs	CCG running costs < 2020/21 allocation	✓	
5	BPPC	NHS - Value YTD > 95%	99.94%	
		NHS - Volume YTD > 95%	93.11%	
		Non NHS - Value YTD > 95%	98.22%	
		Non NHS - Volume YTD > 95%	96.71%	

- The standard business rules set out by NHS England require CCGs to deliver a 1% surplus.
- The CCG control total for 2020/21 was a surplus of £0.900m. The revised control total for April to September 2020 was breakeven.
- The breakeven target for April – September has been achieved following the retrospective allocation adjustment from NHS England and the control total for October – March will be achieved following receipt of additional resources.
- The 0.5% Contingency reserve and the 0.5% Non-Recurrent reserve are not required in 2020/21.
- The QIPP target for 2020/21 identified in the draft financial plan was £14.956m. The CCG will be working alongside system partners to develop transformational schemes to support the NHS as it builds services through the “Recovery” phase of the post-COVID response.
- BPPC targets have been achieved with the exception of NHS by volume. The underperformance is largely attributable to the early part of the financial year, in later months the invoices which do not meet the BPPC target are minimal. Performance will continue to be closely monitored.

2. CCG Financial Position – Month 11 2020-21																									
<p style="text-align: center;">Southport & Formby CCG Forecast Outturn at Month 11</p> <table border="1"> <caption>Southport & Formby CCG Forecast Outturn at Month 11</caption> <thead> <tr> <th>Cost Area</th> <th>Variance (£'000)</th> </tr> </thead> <tbody> <tr> <td>CCG PLANNED DEFICIT</td> <td>1,591</td> </tr> <tr> <td>RESERVES BUDGET</td> <td>906</td> </tr> <tr> <td>INDEPENDENT SECTOR</td> <td>820</td> </tr> <tr> <td>HIGH COST DRUGS</td> <td>120</td> </tr> <tr> <td>CONTINUING CARE PACKAGES</td> <td>41</td> </tr> <tr> <td>CORPORATE SERVICES</td> <td>81</td> </tr> <tr> <td>COMMUNITY SERVICES</td> <td>210</td> </tr> <tr> <td>DELEGATED CO-COMMISSIONING</td> <td>313</td> </tr> <tr> <td>PRIMARY CARE</td> <td>392</td> </tr> <tr> <td>ADDITIONAL FUNDING ALLOCATIONS</td> <td>2,400</td> </tr> <tr> <td>FORECAST POSITION (MONTH 11)</td> <td>0</td> </tr> </tbody> </table>	Cost Area	Variance (£'000)	CCG PLANNED DEFICIT	1,591	RESERVES BUDGET	906	INDEPENDENT SECTOR	820	HIGH COST DRUGS	120	CONTINUING CARE PACKAGES	41	CORPORATE SERVICES	81	COMMUNITY SERVICES	210	DELEGATED CO-COMMISSIONING	313	PRIMARY CARE	392	ADDITIONAL FUNDING ALLOCATIONS	2,400	FORECAST POSITION (MONTH 11)	0	<ul style="list-style-type: none"> • The CCG Month 11 financial position is an overspend of £0.867m after the application of additional allocations received. • The forecast deficit is £1.151m which includes cost pressures awaiting reimbursement. • The main financial pressures are as follows: <ul style="list-style-type: none"> ○ The CCG planned deficit for Months 7-12. ○ The CCG reserves budget which includes funding for GPIT and other investments. ○ Independent Sector contracts relating to costs awaiting reimbursement. ○ High Cost Drugs due to increased costs for healthcare at home. <p>The cost pressures are partly offset with savings on Primary Care relating to reduced expenditure within the Local Quality Contract and Primary Care Delegated Commissioning due to a delay in recruitment to additional roles.</p> <p>Additional funding allocations of £2.4m reduce the forecast overspend to a break even position</p>
Cost Area	Variance (£'000)																								
CCG PLANNED DEFICIT	1,591																								
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FORECAST POSITION (MONTH 11)	0																								

3. Forecast Run Rate							
Report				Commentary			
	Total Months 7-12	Actual					Forecast
		Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
CCG Allocation	115,917	19,015	19,479	20,337	20,120	17,580	19,388
Additional Allocations (HDP / IS)	3,577	-	-	-	235	2,160	1,182
Total CCG Allocation	119,494	19,015	19,479	20,337	20,355	19,740	20,570
Acute	57,263	9,837	9,351	9,438	9,396	9,829	9,412
Mental Health	10,686	1,666	2,350	1,919	1,463	1,444	1,844
Community	11,503	2,225	1,794	1,856	1,899	1,896	1,833
Continuing Care	9,339	1,443	1,735	2,357	1,634	847	1,323
Primary Care Services	4,314	711	715	696	662	819	711
Prescribing	11,432	1,696	1,975	1,975	1,954	1,916	1,916
Primary Care Co-Commissioning	8,217	1,355	1,355	1,471	1,403	1,278	1,355
Other Programme Services	5,744	700	491	844	1,143	728	1,840
Running Costs	996	204	149	217	168	116	142
Total CCG Expenditure	119,494	19,838	19,913	20,773	19,722	18,873	20,376
In Year Underspend/(Deficit)	(0)	(823)	(434)	(436)	633	867	194

- The forecast run rate is based on the CCG financial plan.
- The planned deficit for Months 7-12 has been reduced to breakeven following agreement of revised financial plans.
- The revised break even position assumes additional allocations will be received to support cost pressures for Independent Sector contracts and the Hospital Discharge Programme.
- A provision is included in the CCG forecast for Month 12 for Other Programme Services in respect of Winter pressures and GPIT expenditure.
- The CCG has received reimbursement for costs incurred for the Hospital Discharge Programme and Independent Sector contracts in Months 7-10. Reimbursement is still outstanding for costs incurred in Months 11 and 12.

4. Risk Adjusted Position				
Report				Commentary
Southport & Formby CCG	Best Case	Most Likely	Worst Case	
	£m	£m	£m	
CCG Planned Deficit	(1.591)	(1.591)	(1.591)	
Forecast Surplus / (Deficit) at Month 10	(1.591)	(1.591)	(1.591)	
Further Risk				
Prescribing			(0.450)	
CHC Backlog	-	(0.500)	(0.800)	
Step Down beds			(0.174)	
Revised forecast at Month 11	(0.309)	(0.309)	(0.309)	
Sub Total	(0.309)	(0.809)	(1.733)	
Mitigations				
Additional Funding Allocation	2.400	2.400	2.400	
Sub Total	2.400	2.400	2.400	
Surplus / (Deficit)	0.500	-	(0.924)	

- The CCG control total for Months 1-6 of the financial year was breakeven and the NHSE System financial modelling confirmed a control total of £3.765m deficit for Months 7-12.
- The CCG agreed a revised forecast of £1.591m deficit which incorporated mitigations as reported to the committee in Month 10.
- Following an update to the expenditure forecast at Month 11 and receipt of additional resources, the revised forecast is break even.
- The worst case scenario is a deficit of £0.924m and includes additional pressures for Prescribing, CHC and commissioning additional step down bed capacity for March.

5. CCG Reserves Budget							
Report							Commentary
Reserves Budget	Opening Budget (Draft) £m	Revised Budget £m	Additions £m	Transfer to QIPP £m	Deployed (to Operational budgets) £m	Closing Budget £m	
QIPP Target	(14.956)	(4.985)				(4.985)	<ul style="list-style-type: none"> The CCG opening reserve budgets reflect the draft financial plan. In the draft financial plan, the QIPP target was held as a negative budget and would be offset with budget transfers from operational budgets into the reserves budget as schemes were achieved during the year. Funding was included in the plan for other investments expected to be agreed during provider contract negotiations. The revised CCG allocations for April – July 2020 included an allocation of £4.520m against the CCG reserves budget as a result of the NHS England allocation adjustments. The CCG has received reimbursement for costs incurred for the Hospital Discharge Programme and Independent Sector Contracts for Months 7-10. Reimbursement is still outstanding for costs incurred in Months 11 and 12. Additional funding allocations of £0.900m were received in Month 11 with a further £1.1m approved to be received in Month 12. The final balance on the CCG reserve budget at Month 11 is £3.102m.
QIPP Achieved						0.000	
Primary Care Allocations	(1.000)	(0.333)				(0.333)	
CCG Contingency Budget (0.5%)	1.102	0.367				0.367	
Financial Planning Pressures	1.000	0.333				0.333	
Other reserves	0.044	0.015				0.015	
Early Supported Discharge	0.300	0.100				0.100	
NHSE control total adjustments		4.520	0.435		(0.435)	4.520	
NHSE additional allocations			13.164		(12.182)	0.982	
Other Adjustments			1.512		(0.559)	0.953	
Independent Sector Contract Income		(1.443)	1.443			0.000	
QIPP Target		(0.250)				(0.250)	
I&E improvement target		(0.100)				(0.100)	
Hospital Discharge Programme (M7-8)			0.235		(0.235)	0.000	
Hospital Discharge Programme (M9-12)			1.690		(1.690)	0.000	
Independent Sector Reimbursement (M7-10)			0.781		(0.781)	0.000	
2020/21 Additional Funding Allocations			0.900			0.900	
CHC Restoration and Staffing			0.600			0.600	
Total Reserves	(13.510)	(1.776)	20.760	0.000	(15.882)	3.102	

6. Statement of Financial Position					
Report					Commentary
Summary working capital:					
Working Capital and Aged Debt	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Prior Year 2019/20
	M3 £'000	M6 £'000	M9 £'000	M11 £'000	M12 £'000
Non-Current Assets	5	12	10	8	15
Receivables	1,237	13,504	14,027	14,880	846
Cash	3,602	1,310	(495)	(807)	30
Payables & Provisions	(5,314)	(21,218)	(20,456)	(19,469)	(15,469)
Value of Debt > 180 days	223	138	8	17	174
<ul style="list-style-type: none"> The non-current asset balance relates to assets funded by NHS England for capital projects. An automated, national Fixed Asset Management system was introduced and implemented for Month 7. As such a thorough review of assets and depreciation has been completed. The receivables balance includes invoices raised for services provided along with accrued income and prepayments. Due to payments being made to NHS Trusts and Foundation Trusts one month in advance, the prepayment values for 2020-21 are significantly higher than prior years. The cash position at the end of February 2021 includes uncleared payments of £1.102m which have cleared early March 2021. The closing cleared cash balance at month 10 was £0.295m. Outstanding debt in excess of 6 months old is currently £0.017m. There is 1 invoice for £0.010m to a GP Practice that remains unpaid and is being followed up with the practice. At month 10, the CCG had drawn down £209.796m and made payments via NHS Business Services Authority of £22.145m, totalling £231.941m (94.3%) of its Annual Cash Drawdown Requirement (ACDR). The target cash balance at this point in the year is £225.362m (91.7%). The large difference is as a result of the CCG having to pay providers a block payment one month in advance on instruction from NHS England as part of the Covid-19 response. The remaining ACDR available of £13.908m will be managed through the financial year and the CCG anticipates no issues relating to its cash limit. 					

7. Recommendations

The Governing Body is asked to receive this report noting that:

- The control total for Southport and Formby CCG was a surplus of £0.900m for 2020/21. The QIPP efficiency requirement to deliver the financial plan was £14.956m. A draft opening plan estimated the CCG's likely case deficit at £8.900m.
- Temporary arrangements have been implemented for the financial year which included a monthly reconciliation process for Months 1-6 to reimburse costs directly related to COVID and adjust for actual expenditure incurred. The revised control total for the period to 30th September 2020 was breakeven.
- The CCG has received additional allocations of £7.197m to date to support all COVID related costs and other cost pressures up to Month 6 and the financial position to Month 6 is breakeven.
- The planned deficit was revised to £1.591m following review in February 2021, agreed resources have been received in Month 11 and approved for Month 12 which will support the CCG to achieve a break even position for 2020/21.
- The Month 11 financial position is £0.867m overspent which includes an overspend relating to costs for the Hospital Discharge programme and Local Independent Sector Contracts which are awaiting a retrospective allocation adjustment.
- The provisional year-end forecast is predicted at £1.151m at this stage which includes cost pressures awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to break even.

MEETING OF THE GOVERNING BODY APRIL 2021

Agenda Item: 21/45	Author of the Paper: Martin McDowell Deputy Chief Officer						
Report date: April 2021	Email: Martin.McDowell@southseftonccg.nhs.uk Tel: 0151 317 8350						
Title: Southport & Formby Clinical Commissioning Group Integrated Performance Report							
<p>Summary/Key Issues: This report provides summary information on the activity and quality performance of Southport and Formby Clinical Commissioning Group.</p> <p>Please note the effects of COVID-19 are noticed in month 10 across a number of performance areas.</p>							
<p>Recommendation</p> <p>The Governing Body is asked to receive this report.</p>	<table style="border: none;"> <tr> <td style="padding-right: 10px;">Receive</td> <td style="border: 1px solid black; text-align: center;">x</td> </tr> <tr> <td>Approve</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td>Ratify</td> <td style="border: 1px solid black;"></td> </tr> </table>	Receive	x	Approve		Ratify	
Receive	x						
Approve							
Ratify							

Links to Corporate Objectives 2021/22 (<i>x those that apply</i>)	
	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
X	To drive quality improvement, performance and assurance across the CCG's portfolio.
	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			x	
Clinical Engagement			x	
Equality Impact Assessment			x	
Legal Advice Sought			x	
Quality Impact Assessment			x	
Resource Implications Considered			x	
Locality Engagement			x	
Presented to other Committees			x	



Southport and Formby
Clinical Commissioning Group

Southport & Formby Clinical Commissioning Group

Integrated Performance Report Summary

Summary Performance Dashboard

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
E-Referrals															
NHS e-Referral Service (e-RS) Utilisation Coverage Utilisation of the NHS e-referral service to enable choice at first routine elective referral. Highlights the percentage via the e-Referral Service.	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	No new data			R
		Actual	68.8%	74.1%	53.1%	44.7%	47.3%	57.6%	60.2%	59.2%	59.5%				58.3%
		Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Diagnostics & Referral to Treatment (RTT)															
% of patients waiting 6 weeks or more for a diagnostic test The % of patients waiting 6 weeks or more for a diagnostic test	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	62.68%	63.67%	51.17%	32.35%	27.02%	22.43%	22.17%	16.74%	18.44%	21.10%			
		Target	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
% of all Incomplete RTT pathways within 18 weeks Percentage of Incomplete RTT pathways within 18 weeks of referral	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	79.96%	70.87%	58.29%	54.96%	61.68%	70.53%	77.73%	80.71%	80.69%	75.05%			
		Target	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
Referral to Treatment RTT - No of Incomplete Pathways Waiting >52 weeks The number of patients waiting at period end for incomplete pathways >52 weeks	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	6	10	17	36	62	85	71	99	112	226			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled Operations															
Cancellations for non clinical reasons who are treated within 28 days Patients who have ops cancelled, on or after the day of admission (Inc. day of surgery), for non-clinical reasons to be offered a binding date within 28 days, or treatment to be funded at the time and hospital of patient's choice.	Southport & Ormskirk Hospital	RAG	R	G	G	R	R	R	R	R	R	R			R
		Actual	2	0	0	4	3	5	4	10	1	1			30
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Urgent Operations cancelled for a 2nd time Number of urgent operations that are cancelled by the trust for non-clinical reasons, which have already been previously cancelled once for non-clinical reasons.	Southport & Ormskirk Hospital	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	0	0	0	0	0	0	0	0	0	0	0		0
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0

Cancer Waiting Times																
% Patients seen within two weeks for an urgent GP referral for suspected cancer (MONTHLY) The percentage of patients first seen by a specialist within two weeks when urgently referred by their GP or dentist with suspected cancer	Southport & Formby CCG	RAG	G	G	G	G	G	R	R	R	R	R			R	
		Actual	94.39%	98.05%	99.3%	98.04%	93.17%	89.22%	84.81%	78.5%	74.74%	84.67%			88.75%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients seen within 2 weeks for an urgent referral for breast symptoms (MONTHLY) Two week wait standard for patients referred with 'breast symptoms' not currently covered by two week waits for suspected breast cancer	Southport & Formby CCG	RAG	G	R	R	R	R	G	G	R	R	R			R	
		Actual	100%	91.67%	90.0%	90.32%	91.18%	94.44%	93.10%	37.14%	47.27%	64.10%			72.20%	
		Target	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%	93%
% of patients receiving definitive treatment within 1 month of a cancer diagnosis (MONTHLY) The percentage of patients receiving their first definitive treatment within one month (31 days) of a decision to treat (as a proxy for diagnosis) for cancer	Southport & Formby CCG	RAG	G	R	R	G	R	R	R	G	G	G			G	
		Actual	100%	94.87%	95.24%	98.41%	94.55%	93.15%	93.33%	96.05%	98.21%	96.51%			96.12%	
		Target	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%
% of patients receiving subsequent treatment for cancer within 31 days (Surgery) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Surgery)	Southport & Formby CCG	RAG	G	G	R	G	R	R	G	R	R	R			R	
		Actual	100%	100%	70.0%	100%	91.67%	85.71%	100%	88.89%	86.67%	88.89%			91.0%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving subsequent treatment for cancer within 31 days (Drug Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments (Drug Treatments)	Southport & Formby CCG	RAG	G	G	R	G	G	R	G	G	G	G			R	
		Actual	100%	100%	87.50%	100%	100%	90.48%	100%	100%	100%	100%			97.95%	
		Target	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of patients receiving subsequent treatment for cancer within 31 days (Radiotherapy Treatments) (MONTHLY) 31-Day Standard for Subsequent Cancer Treatments where the treatment function is (Radiotherapy)	Southport & Formby CCG	RAG	G	G	G	G	R	G	G	G	G	G			G	
		Actual	95.24%	100%	100%	100%	93.75%	100%	96.00%	95.24%	100%	100%			97.85%	
		Target	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
% of patients receiving 1st definitive treatment for cancer within 2 months (62 days) (MONTHLY) The % of patients receiving their first definitive treatment for cancer within two months (62 days) of GP or dentist urgent referral for suspected cancer	Southport & Formby CCG	RAG	R	G	R	G	R	R	R	R	R	R			R	
		Actual	71.88%	86.96%	76.47%	89.74%	83.33%	81.82%	84.09%	82.22%	84.91%	70.59%			80.98%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of patients receiving treatment for cancer within 62 days from an NHS Cancer Screening Service (MONTHLY) Percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days.	Southport & Formby CCG	RAG	G		R					G	R	G			R	
		Actual	100%	No pats	0%	No pats	No pats	No pats	No pats	No pats	100%	66.67%	100%			70.83%
		Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of patients receiving treatment for cancer within 62 days upgrade their priority (MONTHLY) % of patients treated for cancer who were not originally referred via an urgent but have been seen by a clinician who suspects cancer, who has upgraded their priority.	Southport & Formby CCG (local target 85%)	RAG			G	G		G	G	G	G			G		
		Actual	84.21%	62.50%	88.24%	100%	83.33%	89.47%	87.50%	100%	87.50%	58.82%			85.29%	
		Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Metric	Reporting Level	2020-21													YTD
		Q1			Q2			Q3			Q4				
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Accident & Emergency															
4-Hour A&E Waiting Time Target % of patients who spent less than four hours in A&E	Southport & Formby CCG	RAG	R	G	G	R	R	R	R	R	R	R			R
		Actual	92.74%	95.78%	95.62%	93.27%	89.02%	89.61%	80.47%	82.96%	81.74%	77.76%			87.68%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
MSA															
Mixed sex accommodation breaches - All Providers No. of MSA breaches for the reporting month in question for all providers	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation - MSA Breach Rate MSA Breach Rate (MSA Breaches per 1,000 FCE's)	Southport & Formby CCG	RAG													
		Actual	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available			
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
HCAI															
Number of MRSA Bacteraemias Incidence of MRSA bacteraemia (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R			R	
		YTD	0	1	1	1	1	1	1	1	1	2			2
		Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of C.Difficile infections Incidence of Clostridium Difficile (Commissioner) cumulative	Southport & Formby CCG	RAG	G	R	R	R	R	R	R	R	R			R	
		YTD	3	7	12	12	17	19	20	24	27	30			30
		Target	3	5	7	9	11	14	16	19	22	25	28	30	30
Number of E.Coli Incidence of E.Coli (Commissioner) cumulative	Southport & Formby CCG	RAG	G	G	R	G	R	R	R	R	R			R	
		YTD	4	18	30	38	53	66	77	89	96	104			104
		Target	9	18	27	39	48	57	66	75	83	91	100	109	109

Metric	Reporting Level		2020-21												
			Q1			Q2			Q3			Q4			YTD
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Mental Health															
Proportion of patients on (CPA) discharged from inpatient care who are followed up within 7 days The proportion of those patients on Care Programme Approach discharged from inpatient care who are followed up within 7 days	Southport & Formby CCG	RAG	G			G			G						G
		Actual	97.3%			97.2%			100%						98.2%
		Target	95%			95%			95%				95%		95.00%
Episode of Psychosis															
First episode of psychosis within two weeks of referral The percentage of people experiencing a first episode of psychosis with a NICE approved care package within two weeks of referral.	Southport & Formby CCG	RAG	G			G			G						G
		Actual	77.55%			72.7%			90.0%						80.1%
		Target	60%			60%			60%				60%		60%
IAPT (Improving Access to Psychological Therapies)															
IAPT Recovery Rate (Improving Access to Psychological Therapies) The percentage of people who finished treatment within the reporting period who were initially assessed as 'at caseness', have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	Southport & Formby CCG	RAG	R	G	G	G	G	R	G	G	G	R			G
		Actual	37.33%	56.96%	58.56%	55.36%	55.56%	48.7%	50.0%	50.0%	53.2%	38.2%			50.3%
		Target	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
IAPT Access The proportion of people that enter treatment against the level of need in the general population i.e. the proportion of people who have depression and/or anxiety disorders who receive psychological therapies	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	0.63%	0.42%	0.70%	0.73%	0.72%	0.89%	0.88%	0.64%	0.49%	0.25%			6.36%
		Target	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%	1.59%
IAPT Waiting Times - 6 Week Waiters The proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number who finish a course of treatment.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	98.61%	97.44%	99.10%	97.14%	98.86%	98.10%	92.0%	96.8%	98.5%	98.1%			98.61%
		Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
IAPT Waiting Times - 18 Week Waiters The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment, against the number of people who finish a course of treatment in the reporting period.	Southport & Formby CCG	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	98.86%	99.05%	98.0%	100%	100%	100%			99%
		Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Dementia															
Estimated diagnosis rate for people with dementia Estimated diagnosis rate for people with dementia	Southport & Formby CCG	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	65.20%	63.94%	63.68%	64.00%	64.00%	64.00%	63.5%	63.5%	63.7%	62.8%			63.83%
		Target	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%	66.70%

Metric	Reporting Level		2020-21												YTD
			Q1			Q2			Q3			Q4			
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Learning Disability Health Checks															
No of people who have had their Annual LD Health Check – local data (cumulative)	Southport & Formby CCG	RAG	G		R		G								G
		Actual	18.6%		26.4%		59.0%								59%
		Target	17%		34%		50%								67%
Severe Mental Illness - Physical Health Check															
People with a Severe Mental Illness receiving a full Physical Annual Health Check and follow-up interventions (%) Percentage of people on General Practice Serious Mental Illness register who receive a physical health check and follow-up care in either a primary or secondary setting.	Southport & Formby CCG	RAG	R		R		R								R
		Actual	32.1%		28.0%		25.4%								28.5%
		Target	50%		50%		50%								50%
Children & Young People Mental Health Services (CYPMH) Rolling 12 months															
Improve access rate to Children and Young People's Mental Health Services (CYPMH) Increase the % of CYP with a diagnosable MH condition to receive treatment from an NHS-funded community MH service	Southport & Formby CCG	RAG	G		R		R								G
		Actual	17.8%		8.0%		6.1%								37.8%
		Target	8.75%		8.75%		8.75%								35% YTD
Children and Young People with Eating Disorders															
The number of completed CYP ED routine referrals within four weeks The number of routine referrals for CYP ED care pathways (routine cases) within four weeks (QUARTERLY) National Target 95%	Southport & Formby CCG	RAG	R		G		G								R
		Actual	86.7%		96%		96.7%								93.1%
		Target	95%		95%		95%								95%
The number of completed CYP ED urgent referrals within one week The number of completed CYP ED care pathways (urgent cases) within one week (QUARTERLY) National Target 95%	Southport & Formby CCG	RAG	G		G		G								G
		Actual	100%		100%		100%								100%
		Target	95%		95%		95%								95%
Wheelchairs															
Percentage of children waiting less than 18 weeks for a wheelchair The number of children whose episode of care was closed within the reporting period, where equipment was delivered in 18 weeks or less of being referred to the service. (National Submissions paused, local data sent from LSCFT for info)	Southport & Formby CCG	RAG	G		G		G								G
		Actual	100%		100%		100%								100%
		Target	92.00%		92.00%		92.00%								92.00%

Metric	Reporting Level	2020-21													
		Q1			Q2			Q3			Q4			YTD	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
SEND Measures															
Child and Adolescent Mental Health Services (CAMHS) - % Referral to choice within 6 weeks	Sefton	RAG	R	R	R	R	R	R	G	R	R	R			R
		Actual	36.8%	35.4%	58.9%	75.5%	72.4%	86.9%	93.2%	87.3%	85.0%	54.7%			68.6%
		Target	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%	92.00%
Child and Adolescent Mental Health Services (CAMHS) - % referral to partnership within 18 weeks	Sefton	RAG	R	R	R	R	R	R	R	R	R	R			R
		Actual	64.2%	61.4%	56.3%	40.0%	36.0%	63.6%	62.5%	51.9%	50.0%	52.2%			53.8%
		Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
Percentage of Autism Spectrum Disorder (ASD) assessments started in 12 weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	R			G
		Actual	100%	100%	98%	95%	95%	96%	93%	93%	90%	87%			95.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Autism Spectrum Disorder (ASD) assessments completed within 30 Weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	99%	98%	97%	93%			99.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments started within 12 Weeks	Sefton	RAG	G	G	G	R	R	R	G	G	R	G			G
		Actual	100%	100%	100%	88%	81%	89%	100%	100%	85%	100%			94.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
Percentage of Attention Deficit Hyperactivity Disorder (ADHD) assessments completed within 30 Weeks	Sefton	RAG	G	G	G	G	G	G	G	G	G	G			G
		Actual	100%	100%	100%	100%	100%	100%	98%	96%	96%	95%			99.00%
		Target	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%

1. Executive Summary

This report provides summary information on the activity and quality performance of Southport & Formby Clinical Commissioning Group at month 10 (note: time periods of data are different for each source).

Constitutional Performance for Jan and Q3 2020/21	CCG	S&O
Diagnostics (National Target <1%)	21.10%	17.04%
Referral to Treatment (RTT) (92% Target)	75.05%	82.40%
No of incomplete pathways waiting over 52 weeks	226	91
Cancelled Operations (Zero Tolerance)	-	1
Cancer 62 Day Standard (Nat Target 85%)	70.59%	66.37%
A&E 4 Hour All Types (National Target 95%)	77.76%	78.15%
A&E 12 Hour Breaches (Zero Tolerance)	-	19
Ambulance Handovers 30-60 mins (Zero Tolerance)	-	28
Ambulance Handovers 60+ mins (Zero Tolerance)	-	5
Stroke (Target 80%)	-	63.60%
TIA Assess & Treat 24 Hrs (Target 60%)	-	0.00%
Mixed Sex Accommodation (Zero Tolerance)	Not Available	0
CPA 7 Day Follow Up (95% Target) 2020/21 - Q3	100.00%	-
EIP 2 Weeks (60% Target) 2020/21 - Q3	90.00%	-
IAPT Access (1.59% target monthly - 19% YTD)	0.25%	-
IAPT Recovery (Target 50%)	38.20%	-
IAPT 6 Weeks (75% Target)	98.1%	-
IAPT 18 Weeks (95% Target)	100%	-

To Note:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response the decision was made to pause the collection and publication of several official statistics, these include Friends and Family Test (FFT), Mixed Sex Accommodation (MSA), Delayed Transfers of Care (DToc), cancelled operations, occupied bed days, CQC inspections, wheelchair return (QWC1), Oversight Framework (OF), Better Care Fund (BCF) and NHS England monthly activity monitoring. These measures will be updated as soon as the data becomes available and will be incorporated back into the report.

Data quality issues due to the impact of COVID-19 remain within the data flows for referrals and contract monitoring.

COVID Vaccination Update

As part of an ambitious national COVID-19 vaccination programme Southport & Formby introduced two vaccination hub sites. They have spent January inviting and vaccinating patients in Joint Committee on Vaccination and Immunisation (JCVI) cohorts 2-4. They are on target to successfully administer first dose vaccinations to this target population by the national deadline of 15th February 2021. The hubs have proven to be very successful and a combination of staff from GP practices, PCNs, CCGs, GP federation and community organisations have contributed to the daily running of the PCN sites. As part of the targeted approach to patients in priority groups, PCN, CCG and community colleagues also visited all care home patients and nursing home residents, where possible, administering first dose vaccinations to both staff and resident in the JCVI cohort 1.

Planned Care

Local providers have continued to undertake urgent elective treatments during the COVID-19 pandemic period and this has been clinically prioritised. Work is underway locally in the Southport & Ormskirk system to increase the available capacity to support urgent elective activity. This will include use of nationally agreed independent sector contracts following clinical assessment in terms of triage and prioritisation.

Southport and Ormskirk Trust have continued to deliver routine elective activity throughout the pandemic, with a focus on delivering greater theatre capacity utilising on site theatres and that of the independent sector. A greater proportion of outpatient activity is now being delivered via virtual systems (i.e. attend anywhere) in line with phase 3 requirements. Cheshire and Merseyside Hospital Cell has set out principles for elective recovery with a proposed recovery approach. This approach will look to focus on development of system level waiting list management to maximise the capacity available and to standardise waiting times where possible, with priority given to clinically urgent patients (P2) and long waiters (52 week plus) in the first instance, as well as developing feasibility assessments and plans, to sequence organisational recovery plans. Elective recovery is expected to be supported by independent sector facilitated by the procurement of service via the increasing capacity framework (ICF).

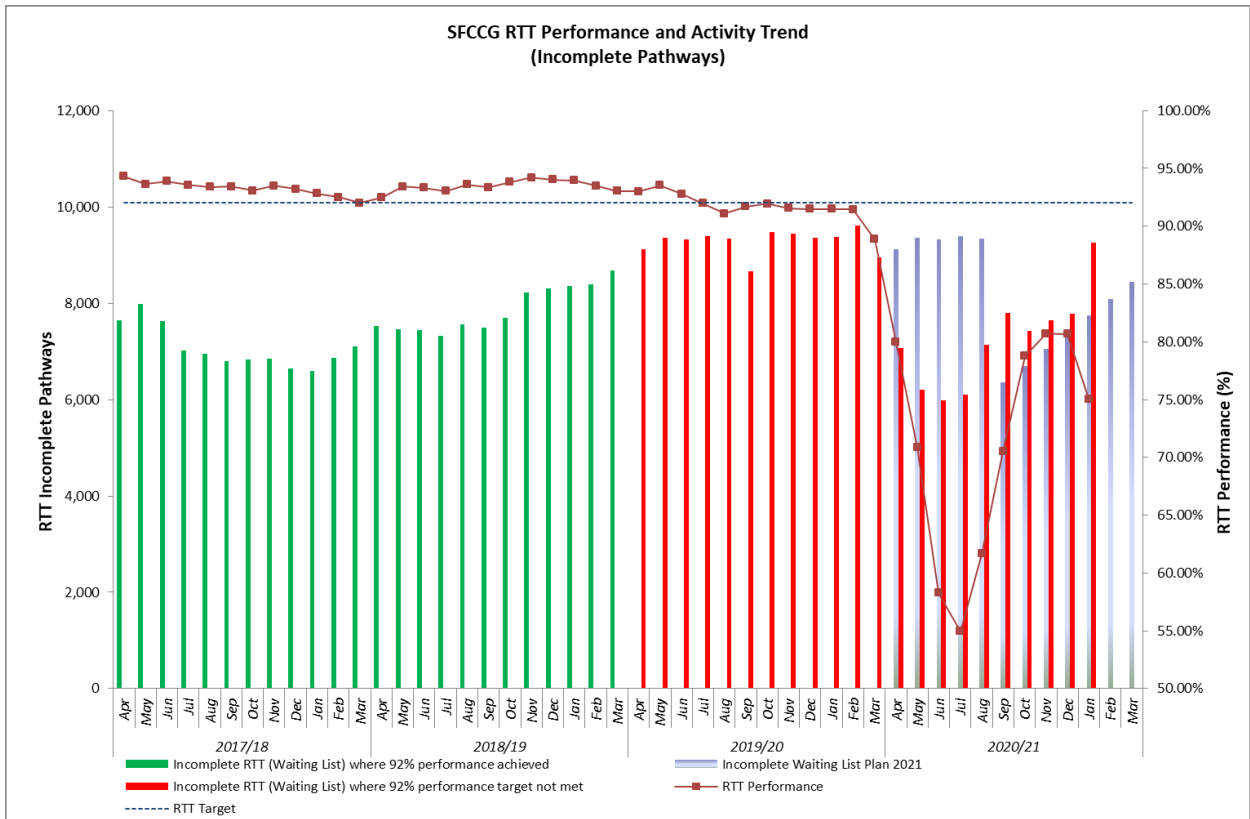
Secondary care referrals remain below historic levels across all referral sources. GP referrals have shown a year to date decrease of -46.2% compared to 2019/20. At provider level, Southport Hospital has seen a -34.4% decrease in total referrals year to date at month 10. In terms of referral priority, the largest year to date variance has occurred within routine referrals with a decrease of -41.5% to the previous year. Although there remains a -17.4% year to date reduction in two week wait referrals when comparing to the previous year, analysis suggests a recovery for this priority grouping with the 708 referrals reported in July-20 representing the highest monthly total of the last 2 years. Referrals to General Surgery specialty as well as Breast Surgery, Dermatology and ENT are responsible for this increase.

In December 2020 (this being the latest available data), the CCG's performance for E-Referrals increased marginally to 59.5%, but remains significantly below the 100% target. In December Southport and Ormskirk reported 1,209 Appointment Slot Issues (ASIs) out of a total 2,117 direct bookings; an ASI rate of 57.11%. This is a significant increase in ASIs compared to December 2019, when 339 ASIs of 3,288 direct bookings (10.31%) were reported. This is fully expected during the COVID-19 pandemic, due to the Trust having to try to manage capacity to ensure clinically urgent and long waiter patients take priority.

The CCG failed the less than 1% target for Diagnostics in January, recording 21.10%, a decline compared with December's performance (18.44%). Despite failing the target the CCG is measuring well below the national level of 33.3%. Southport and Ormskirk reported 17.04% compared with 13.43% in December.

For patients on an incomplete non-emergency pathway waiting no more than 18 weeks, the CCG's performance in January was 75.05%, a decline from last month's performance (80.69%). The CCG is reporting well above the national level of 66.16%. Southport & Ormskirk Hospital reported 82.40%, also a decline compared to last month (84.36%).

Figure 1 – CCG RTT Performance and Activity (Incomplete Pathways)



There were a total of 895 Southport & Formby CCG patients waiting over 36+ weeks, the majority at Southport & Ormskirk Hospitals. Of the total long waiters, 226 patients were waiting over 52 weeks, an increase on last month when 112 breaches were reported. This is over the plan of 90 patients put in as part of the phase 3 response. Overall waiters for the CCG increased to 9,254 (December 7,782). Southport & Ormskirk had a total of 91, 52 week breaches in January, showing no improvement from 39 reported last month. The 226 CCG breaches reported also represent 2.4% of the total waiting list, which is well below the national level of 6.6%. This good performance is due to the continuation of services continuing during the COVID surges at the Trust.

Figure 2 – RTT Incomplete Pathways, 52 weeks waiters v Plan

Southport & Formby CCG - new plans

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
New Plans from Sept 2020	9,126	9,367	9,331	9,392	9,337	6,350	6,698	7,046	7,394	7,742	8,090	8,438	8,438
2020/21	7,072	6,204	5,983	6,101	7,135	7,794	7,723	7,646	7,782	9,254			9,254
Difference	-2,054	-3,163	-3,348	-3,291	-2,202	1,444	1,025	600	388	1,512			816
52 week waiters - Plan	0	0	0	0	0	52	64	74	84	90	97	104	
52 week waiters - Actual	6	10	17	36	62	85	71	99	112	226			
Difference	6	10	17	36	62	33	7	25	28	136			

S&O

Total Incomplete Pathways	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Plan v Latest
Plan (last year's actuals)	11,189	11,242	11,050	11,171	11,041	11,118	11,158	10,891	10,986	11,264	11,532	9,903	9,903
2020/21	7,603	6,485	6,140	6,463	6,903	7,796	8,105	6,558	7,800	8,078			6,558
Difference	-3,586	-4,757	-4,910	-4,708	-4,138	-3,322	-3,053	-4,333	-3,186	-3,186			-3,345

In January Southport & Ormskirk reported 1 patient having their planned operation cancelled on or the day after admission for non-clinical reasons, and not having another date offered within 28 days. The Trust indicating this was in emergency trauma. Performance is discussed at Contract and Clinical Quality Review Meetings (CCQRM), with accompanying narrative requested for any breaches reported.

The CCG and Trust are achieving 3 of the 9 cancer measures year to date.

Performance in two week wait breast services remain under target for the third consecutive month due to breaches within LUHFT and the majority of breaches due to 'inadequate outpatient capacity'. The maximum wait for patients seen was 63 days for two week wait breast services. Breast services high demand is impacting on performance for both the breast symptomatic pathway and contributing to a decline in performance for the overall suspected cancer pathway. Increased demand is a combination of, natural growth, people coming forward after lockdown and pause of screening programmes. The median wait for Southport and Formby breast patients in January was 13 days compared to December when it was 21 days showing significant improvement. Plans to equalise breast waiting times across the two LUHFT hospital sites are in progress. The assurance is given by risk stratification of all patients across both the suspected cancer and symptomatic breast pathways to ensure those at greatest risk of cancer are given priority investigation. The CCG has also followed up with the lead commissioner for LUHFT on a recovery date.

For Cancer 62 Day standard the CCG is measuring below the national level of 71.18% recording 70.59%.

The numbers of CCG patients waiting over 104 days is 4 patients in January 2 less than the number reported last month. Although the average total days waited in January for patients who had breached 104 days at S&O was 133 days, compared to 121 in December.

There are 3 faster cancer diagnosis measures with target of 75% expected to be implemented in 2021. In January and year to date, the CCG performed above the proposed target for the 2 week breast symptom indicator. However, the two week and screening referral indicators performed below target.

For planned care, month 10 of the financial year 2020/21 continues to show significant reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent NHS first phase response to postpone all non-urgent elective operations so that the maximum possible inpatient and critical care capacity would be available to support the system. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date activity levels remain well below historical averages. A further increase in elective capacity was anticipated as part of the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. Data suggests that seasonal trends and the third national lockdown (initiated on 6th Jan-21) have resulted in a further decrease in planned care activity at lead providers for the CCG. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£7.8m/-45% against plan. Across all providers, Southport & Formby CCG has underperformed by -£12.4m/-36.3%.

Figure 3 – Planned Care All Providers

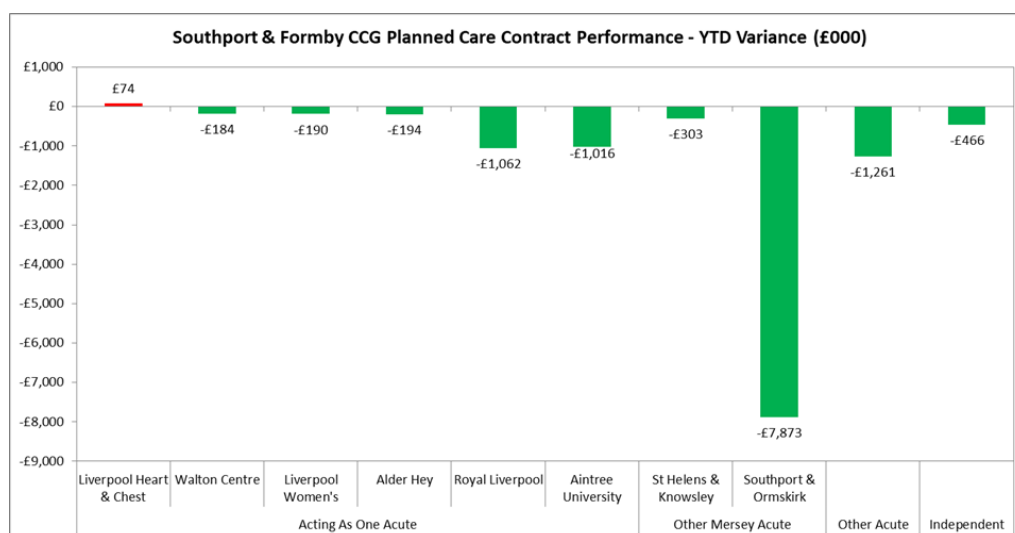


Figure 4 - Planned Care Activity Trends

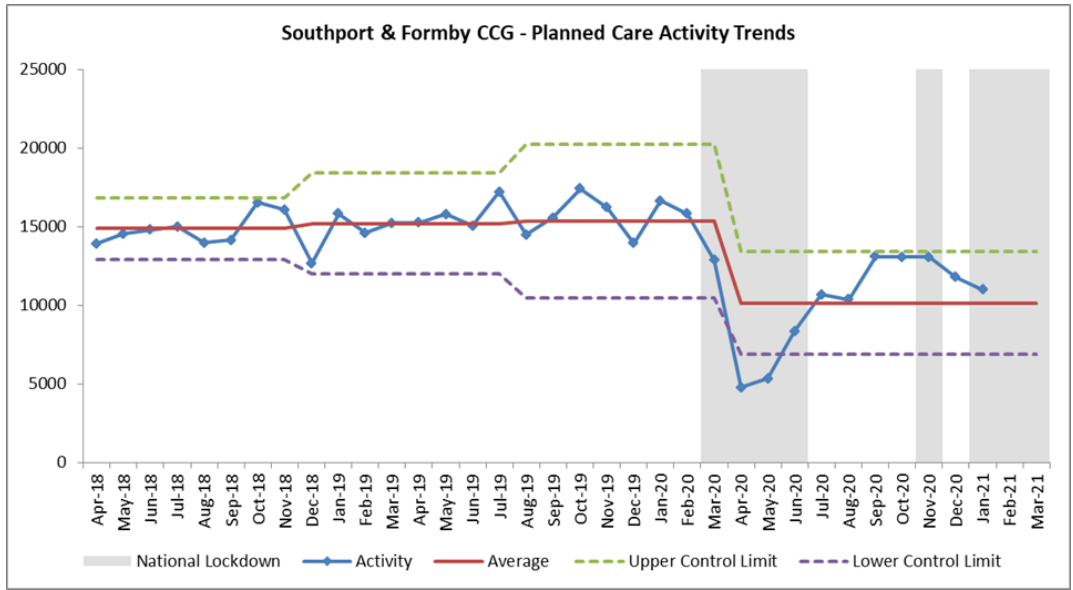


Figure 5 – Elective Inpatient Variance against Plan

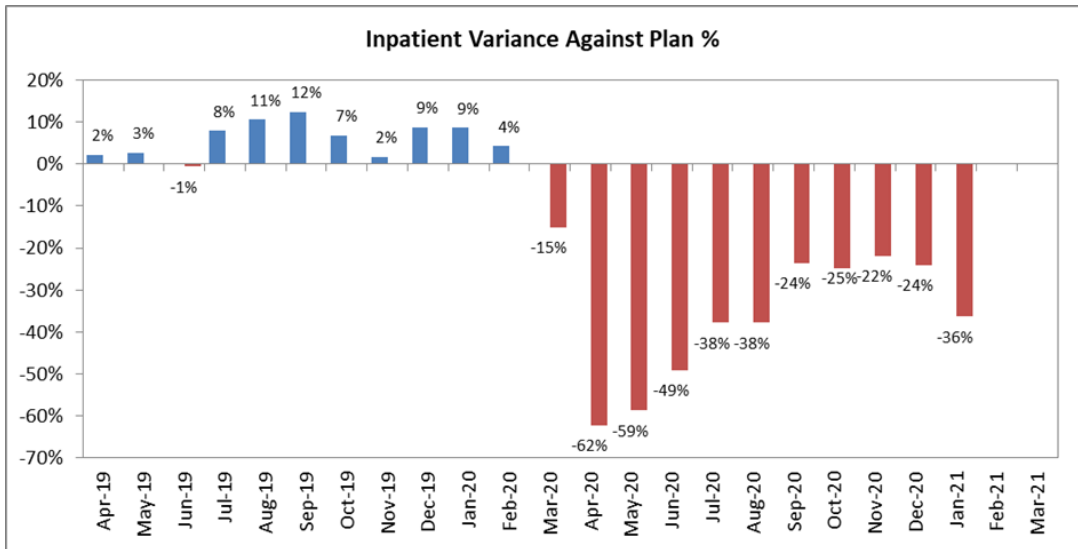
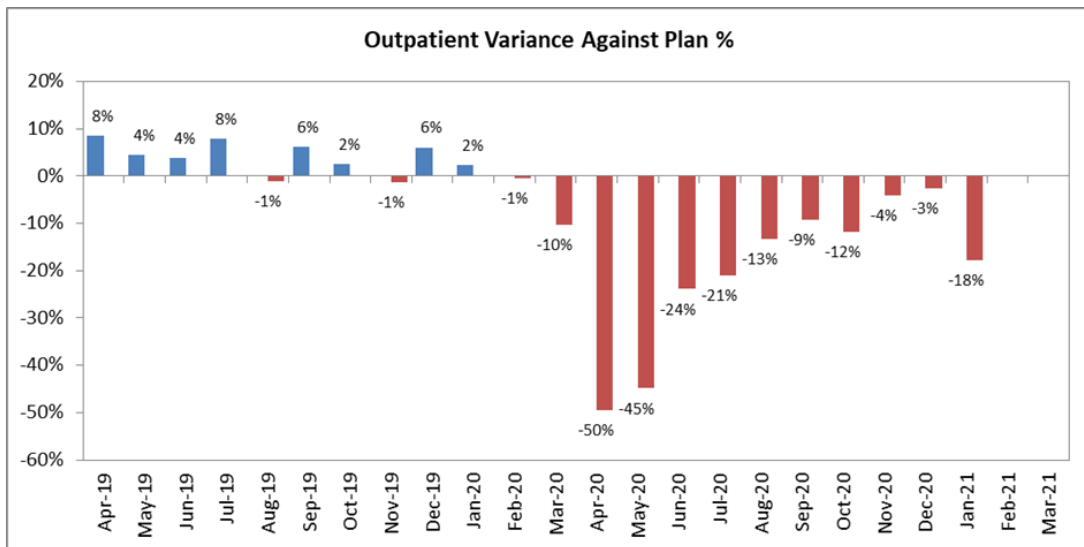


Figure 6 - Outpatient Variance against Plan



Unplanned Care

The CCGs performance against the 4-hour target for all types reached 77.74% in January (87.68% year to date), whilst for type 1 activity, a performance of 68.03% was reported (83.02% year to date). Southport & Ormskirk Hospital is also reporting under the 95% target with 78.15% (87.84% year to date) and for type 1 activity, a performance of 68.53% (82.69% year to date). The national level reported 78.5% meaning the CCG reported just under in January. This month saw high COVID admissions which have now reduced significantly with A&E performance improving supported by bed capacity and lower occupancy rates and discharge flow.

Southport & Ormskirk reported 19, 12-hour breaches in January, a decrease on last month when 27 were reported. The avoidance of 12 hour breaches are a priority for the Southport and Ormskirk system and continue to be treated with a never event whenever feasibly possible. All breaches are followed up by a detailed Root Cause Analysis (RCA). In relation to the 19, 12 hour breaches in January, the CCG have received the 48 hour review forms and are due to review them at Performance and Quality Investigation Review Panel (PQIRP) on 24th March 2021. Following which the panel will provide formal feedback to the Trust. On initial review of the forms, none of the patients came to any harm and consequently no Serious Incidents have been declared.

The original target to meet all of the ARP (Ambulance Response Programme) standards by Q1 2020/21 has not been met and was severely adversely impacted upon by COVID-19, which began to hit service delivery in Q4 2019/20 and then all the way through 2020/21 up to Q3. In January 2021 there was an average response time in Southport & Formby of 9 minutes, not achieving the target of 7 minutes for Category 1 incidents. Following this, Category 2 incidents had an average response time of 42 minutes 15 seconds against a target of 18 minutes, the quickset response time in Merseyside. The CCG also failed the category 2 90th percentile. Performance is being addressed through a range of actions including increasing number of response vehicles available, reviewing call handling and timely dispatch of vehicles as well as ambulance handover times from A&E to release vehicles back into system.

All ambulance handovers between ambulance and A&E must take place within 15 minutes. Southport & Ormskirk reported similar ambulance handover times in January compared to December. Handovers between 30 and 60 minutes increased to 28 from 26, and those above 60 minutes remained at 5.

Southport & Ormskirk reported 63.6% of patients who had a stroke spending at least 90% of their time on a stroke unit in January. This is significantly below the 80% target but shows an improvement on last month (56.3%). The Trust reported that performance against this metric continues to present challenges. There has been an incremental increase in month but this indicator continues to be impacted by COVID-19. COVID positive stroke patients cannot be admitted to the stroke unit or bed capacity issues due to the impact of limited numbers of non-COVID beds. TiA was reported at 0% against the 60% target with 2 patient breaches, these patients were weekend referrals, both patients were reviewed by the Stroke nurse in A&E.

The CCG reported 1 new case of MRSA in January (2 year to date) and has failed the target for the year. This case was at Southport & Ormskirk who have also failed the target for the year. This patient was admitted with ITU and colonisation was identified on admission and suppression treatment in place for duration. Subsequently the Root Cause Analysis (RCA) identified this was a contaminant and was not treated with findings and learning in place following this.

For C difficile, the CCG reported 3 new cases in January (30 year to date) against a year to date plan of 25. National objectives have been delayed due to the COVID-19 pandemic and therefore the CCG is measuring performance against last year's objectives. Southport & Ormskirk Trust is also failing with 4 new cases in January 2020 but 31 year to date against a threshold of 13.

NHS Improvement and NHS England (NHSE/I) have not set new CCG targets for reductions in E.coli for 2020/21, therefore the CCG are reporting against last year's target of 109. In January there were 8

cases (104 YTD) against a target of 91. Southport & Formby CCG reported 15 new cases in December, bringing the YTD total to 1144. There are no targets set for Trusts at present.

Southport & Ormskirk's Hospital Standardised Mortality Ratio (HSMR) was 81.6 in January, remaining under the 100 threshold. The ratio is the number of observed deaths divided by predicted deaths. HSMR looks at diagnoses which most commonly result in death.

For unplanned care, month 10 of the financial year 2020/21 continues to show reductions in contracted performance levels across the majority of providers for Southport & Formby CCG. This is a direct consequence of the COVID-19 pandemic and subsequent national response whereby the public advice was to 'stay at home'. Although some recovery of activity has been apparent following the first phase of the NHS response, year to date levels remain below historical averages and recent months suggests a steady decrease in activity numbers leading to the lowest monthly total reported since April-20 in January-21. This goes against the anticipated increases that formed part of CCG plans for the phase three NHS response to the pandemic. Plans were developed in conjunction with providers and the CCG will continue to monitor activity against these plans on a monthly basis for the remainder of 2020/21. The third national lockdown began on 6th Jan-21 and further decreases in unplanned care activity are anticipated. At individual providers, Southport & Ormskirk Hospital is showing the largest under performance with a variance of -£6.2m/-17% against plan. Across all providers, Southport & Formby CCG has underperformed by -£6.7m/-16.4%.

Figure 7 – Unplanned Care All Providers

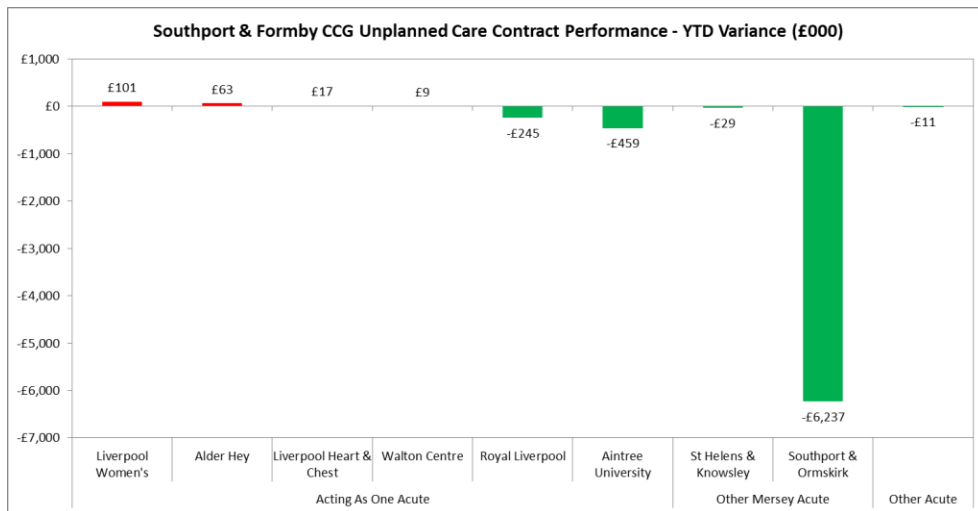


Figure 8 - Unplanned Care Activity Trends

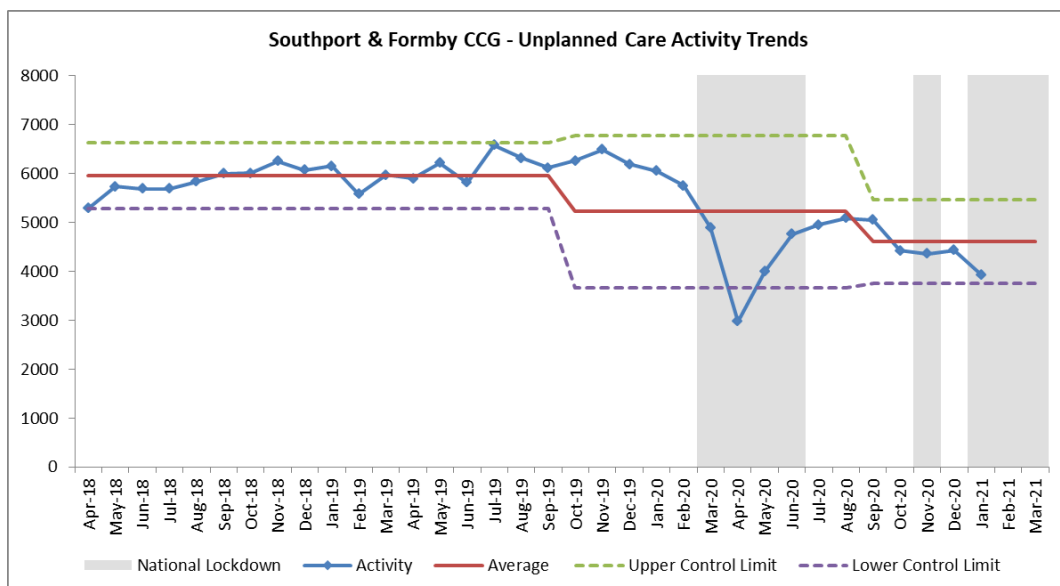


Figure 9 - A&E Type 1 against Plan

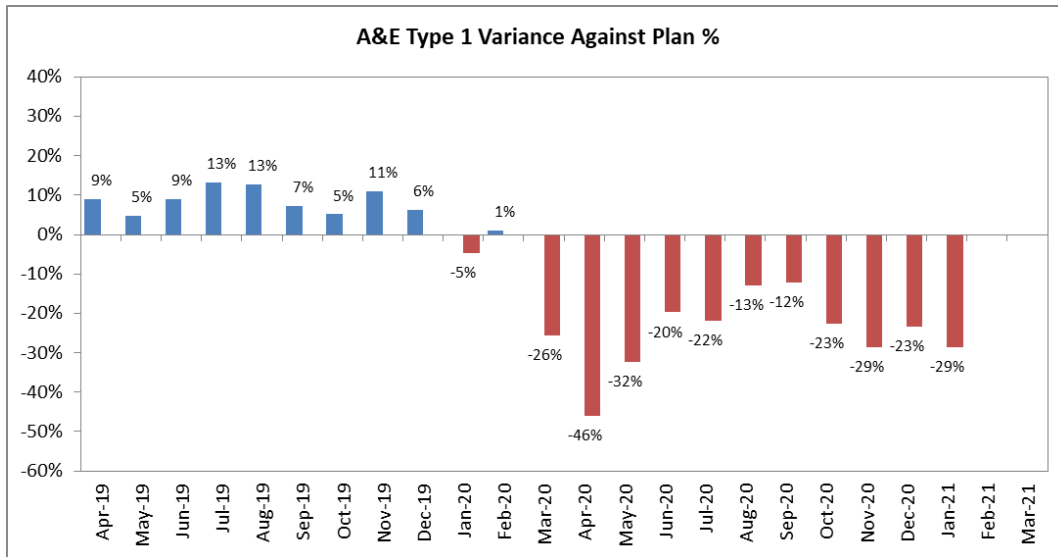
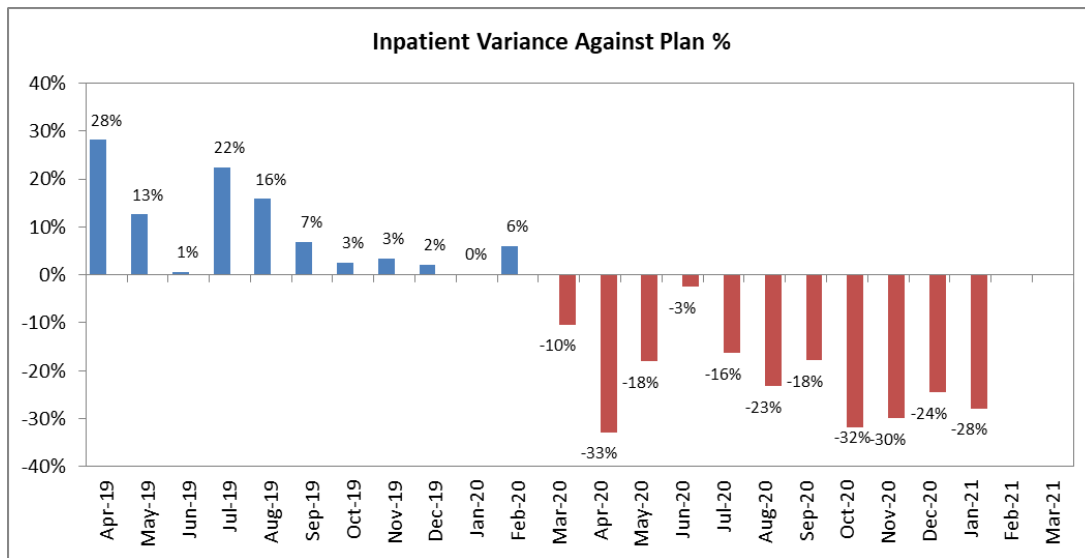


Figure 10 – Non-elective Inpatient Variance against Plan



Mental Health

The Eating Disorder service has reported 37.9% of patients commencing treatment within 18 weeks of referral in January, compared to a 95% target. 11 patients out of 29 commenced treatment within 18 weeks. This shows a small decline on the previous month.

For Improving Access to Psychological Therapies (IAPT), Mental Health Matters reported 0.25% in January and has therefore failed to achieve the 1.59% target. The following factors contributed to underperformance:

- Agreement from the CCG to deliver staff training in January, rather than impact on December performance.
- Honouring staff annual leave, booked prior to transfer.
- Clients requiring assessment not immediately identifiable at the point of the data migration, as previously explained, cases needed to be ‘manually moved’.
- Numbers of staff transferring less than expected.

In addition to recruiting staff the provider is planning focussed “assessment weeks” to improve performance.

The percentage of people who moved to recovery was 38.2% in January, which is below the 50% target and a notable decline on the previous month. However, the CCG’s year to date performance remains above the target at 50.3%. Mental Health Matters is the new provider who took over the IAPT contract in January.

Southport & Formby CCG is recording a dementia diagnosis rate in January of 62.8%, which is under the national dementia diagnosis ambition of 66.7%. This shows a small decline on last month’s performance (63.7%).

The Sefton Autistic Spectrum Disorder (ASD) initiative commenced in November 2020. The initiative which is aimed at those aged 18-25 has resulted in waiting times reducing from 66.21 weeks in November to 11 weeks in January.

In quarter 3 2020/21 year to date, 59% of Southport & Formby CCG patients identified as having a learning disability received a physical health check. This is above the CCG’s year to date target of 52.6%.

Adult Community Health Services (Lancashire & South Cumbria NHS FT)

Additional resource has been invested in the following schemes to support seasonal surge and COVID-19 recovery:

- Widening access to treatment rooms – additional investment given to LSCFT to open evening and weekend apt slots to increase access for primary care and reduce minors attendances.
- Additional therapy provision – additional investment given the LSCFT to increase therapy provision for additional community bed and home first capacity, to assist the trust with rapid discharge.
- Intermediate care – additional capacity commissioned for surge management in bed based ICB, reablement and homefirst. Also designated COVID-19 positive provision commissioned to assist with rapid discharge.

Children’s Services

In its ongoing response to the pandemic, Alder Hey continues to focus on sustaining pre-COVID levels of activity for community therapy services provision and Child and Adolescent Mental Health Services (CAMHS).

In respect of community therapy services provision, this has enabled services to focus on reducing the numbers of children and young people who have been waiting the longest whilst managing increases in referrals. Notably for SALT, there has been a steady increase in referrals since the schools initially reopened in September, and this is being closely managed along with the impact of the recent lockdown on delivery in school settings. Overall, the waiting time standard for the therapies has been largely maintained in recent months; however, due to an increase in referrals the waiting time standard for SALT and continence services fell below plan in January and are being monitored.

Notably, all community therapy service waiting times continue to achieve the SEND improvement plan average waiting time KPIs, with the exception of physiotherapy which just fell short of the target in January 2021, but is expected to be back on track next month.

The Alder Hey CAMHS team continues to address the ongoing impact of the pandemic on the increase in demand for the service and the increasing number of high risk and complex cases. The Trust estimates that there has been a 19% increase in referrals from April to December 2020 compared to the same period in 2019. Due to these challenges, the Trust has not been able to achieve and sustain the waiting time standards for assessment and treatment in the timeframes set out in the recovery plan, and there was a deterioration in the 6 week referral to choice target in January 2021.

In response, the CCGs have agreed some additional short term resilience investment and the service has additional staff starting in March 2021. It is anticipated that this will prevent any further

deterioration in waiting times and support an improvement in the current position. In December, the Trust has also mobilised its new “COVID support team” to provide both individual and group support for CYP presenting with deteriorating mental health due to the pandemic.

The CAMHS waiting time position is being closely monitored by the Trust and the CCGs. The Trust is considering its response and is preparing a proposal for consideration by the CCGs later in Q4. Notably the Cheshire and Merseyside partnership has been undertaking further modelling work and is predicting a 30% increase in demand for mental health services over the next 2 years.

The quarterly mental health access data continues to show an improvement on the 2019/20 position and is on target to exceed the annual access target of 35%. This is in part due to the reporting of Venus and Kooth data through the national data set which commenced in 2019/20. There are also plans for third sector provider Parenting 2000 to start to flow their data in Q4 and it is noted that the increase in CAMHS provision and increased mental health provision will also positively impact on access rates.

In the main, ASD/ADHD performance continues to be on target and the waiting list management plan and trajectory to reduce the backlogs to zero by June 2021 remains on track. Due to the increase in referrals over the last three months, the ASD 12 week referral to assessment target was narrowly missed in January. As part of the ongoing programme of improvements in the service, the Trust has introduced some improvements to the triage process which will support improved compliance moving forward.

Overall there was a slight deterioration in SEND performance in January, with CAMHS, ASD and physiotherapy falling short of the SEND KPIs. The ongoing impact of the pandemic on the ability to achieve and sustain the targets is being closely monitored.

MEETING OF THE GOVERNING BODY April 2021

Agenda Item: 21/46	Author of the Paper: Debbie Fairclough Debbie.fairclough@southseftonccg.nhs.uk Interim Programme Lead – Corporate Services	Clinical Lead: N/A
Report date: April 2021		
Title: Joint Committee Terms of Reference		
Summary/Key Issues: The Joint Committee Terms of Reference have recently been updated following an annual review. Following review and approval at The Joint Committee meeting on 25 th March 2021, members are asked to accept and approve the updated Terms of Reference.		
Recommendation The Governing Body is asked to approve the proposed changes the Joint Committee Terms of Reference		Receive <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Ratify <input type="checkbox"/>

Links to Corporate Objectives 2021/22 (*x those that apply*)

x	To implement Sefton2gether and realise the vision and ambition of the refreshed Health and Wellbeing Strategy.
x	To drive quality improvement, performance and assurance across the CCG's portfolio.
x	To ensure delivery of the CCG's financial plan and align it with Sefton2gether and the work plan of transformation programmes
x	To support primary care development ensuring robust and resilient general practice services and the development of Primary Care Networks (PCNs).
x	To progress the changes for an effective borough model of place planning and delivery and support the ICS development.

Process	Yes	No	N/A	Comments/Detail (<i>x those that apply</i>)
Patient and Public Engagement			X	
Clinical Engagement			X	
Equality Impact Assessment			X	
Legal Advice Sought			X	
Quality Impact Assessment			X	
Resource Implications Considered			X	
Locality Engagement			X	
Presented to other Committees	X			25 th March 2021 – Joint Committee for review, comment and to recommend changes to the respective governing bodies.

Joint Committee Terms of Reference

NHS Southport and Formby CCG
NHS West Lancashire CCG

Introduction

The NHS Act 2006 (as amended) ('the NHS Act'), was amended through the introduction of a Legislative Reform Order ("LRO") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act. Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making.

The Joint Committee is established to consider and agree on commissioning decisions relating to acute services for the populations of Southport, Formby and West Lancashire provided by Southport & Ormskirk Hospitals Trust and how they are best supported by appropriate community and primary care services.

Establishment

The NHS Southport and Formby CCG and West Lancashire CCG (the CCGs) ~~have~~ agreed to establish and constitute a Joint Committee with these terms of reference to be known as the Joint Committee of Clinical Commissioning Groups (CCGs).

Role of the Committee

The overarching role of the Joint Committee is to take collective commissioning decisions about acute services and take into account specialised services commissioned by NHS England. This programme of work is called "Shaping Care Together".

Decisions will be appropriate and in accordance with delegated authority from each CCG Member. Members will represent, and make decisions relating to, the whole population covered.

Decisions will also support the aims and objectives of the Cheshire & Merseyside Health & Care Partnership and the Lancashire and South Cumbria Health Integrated Care System whilst contributing to the sustainability of the local health and social care systems. The Joint Committee will at all times, act in accordance with all relevant laws and guidance applicable to the parties.

Remit of the Joint Committee

The Joint Committee will be responsible for decisions regarding the delivery of the "Shaping Care Together" programmes of transformation across a defined range of services commissioned collectively by its members.

The acute services within scope will be defined and agreed by the CCGs.

The Joint Committee will take into account other commissioners whose populations may be affected as may be relevant to the transformation / service redesign under consideration. All proposals will be

subject to review, comment and contribution through an operational sub group to be established by the joint committee as and when it is appropriate to do so i.e. when wider participation is relevant to the programme of work under consideration. This will allow relevant commissioners the opportunity to be involved in the development of proposals and to understand the potential impact of any service change.

The Joint Committee will also take into account other service providers as may be relevant to the transformation ~~or~~-service redesign under consideration.

Functions of the Joint Committee

The Committee is a Joint Committee of NHS Southport and Formby CCG and NHS West Lancashire CCG established through the powers conferred by section 14Z3 of the NHS Act 2006 (as amended).

Its primary function is to make collective decisions on the review, planning and procurement of acute health services within its delegated remit. This ~~will be is~~ to properly support acute services for the population of Southport, Formby and West Lancashire in collaboration with Southport & Ormskirk Hospitals NHS Trust.

The Joint Committee will engage with community and primary care services, the public and other stakeholders to take their views into account when considering any scenarios, proposals or business cases and make decisions as appropriate on behalf of the two Clinical Commissioning Groups.

The Joint Committee will take into account possible organisational form in order to meet acute service standards for the local population.

In order to deliver its delegated functions the Joint Committee will:

- Prepare and recommend the work plan for approval by each Governing Body. Should the need arise for any change to the agreed work plan, such changes must be submitted to the respective governing bodies for consideration and approval before any changes can be implemented.
- ~~Agree and oversee an effective risk management strategy to support decision-making in all areas of business related to the Joint Committee's remit~~ Ensure that there is an effective approach to risk management to support decision making in all areas related to the Joint Committees remit.
- ~~Approve~~ Receive detailed individual programme and project briefs, initiation documents and plans. This will include agreeing the parameters at the start of each programme of work, governance and financial arrangements for individual programmes.
- Act as a decision-making body; authorising sub-groups to oversee and lead implementation of service changes as appropriate, and requiring those sub-groups to provide assurance on progress.
- Approve future service reconfiguration, service models, specifications, and business cases up to the value as determined by each CCG's Scheme of Reservation and Delegation
- Ensure appropriate patient and public consultation and engagement and compliance with public sector equality duties as set out in the Equality Act 2010 for the purposes of implementation.
- Ensure consultation with the Overview and Scrutiny Committees and Health and Wellbeing Boards (or equivalent) established by the relevant Local Authorities
- Agree and oversee the communications and engagement framework relevant to areas of work of the Joint Committee.
- Establish a sub group to enable relevant commissioners to participate in the development of proposals as and when required
- Operate in a way that is consistent with the duties and responsibilities of NHSE/I
- Operate in a way that is consistent with the objectives of Cheshire and Merseyside Health and Care Partnership
- Operate in a way that is consistent with the objectives of the Lancashire and South Cumbria Integrated Care System

Whilst it is acknowledged that individual CCGs remain accountable for meeting their statutory duties, the Joint Committee will undertake its delegated functions in a manner which complies with the statutory duties of the CCGs as set out in the NHS Act 2006 and including:

- Management of the conflicts of interest (section 14O)
- Duty to promote the NHS Constitution (section 14P)
- Duty to exercise its functions effectively, efficiently and economically (section 14Q)
- Duty as to the improvement in quality of services (section 14R)
- Duties as to reducing inequalities (section 14T)
- Duty to promote the involvement of patients (section 14U)
- Duty as to patient choice (section 14V)
- Duty as to promoting integration (section 14Z1)
- Public involvement and consultation (section 14Z2).

In discharging its responsibilities the Joint Committee will provide assurance to Governing Bodies through the submission of minutes from each meeting and an annual report to inform CCG members' annual governance statements.

The Committee will conduct an annual effectiveness review which will be reported to the respective Audit Committees.

Membership

The Committee has two levels of membership, full members and associate members. Full member organisation means those which have the final 'vote' on agreements as the Committee is a Joint Committee of those organisations. Associate members are partners who have an interest in the work plan of the Committee but are not legally bound by the decisions of the Committee

The full member organisations are:

- NHS Southport and Formby CCG
- NHS West Lancashire CCG

Each full member organisation will nominate four Governing Body representatives to sit on the Committee, one of which would be an Executive member, 2 GP members and one lay member representative.

The Chair of the Joint Committee is NHS Southport and Formby CCG Lay Member for Governance. Chairing of the Joint Committee will be reviewed on an annual basis between the two CCG members. A lay member representative from one CCG will preside as Chair and a lay member representative from the other CCG will be the deputy chair.

~~Chairing of the Joint Committee will be managed on an annual basis between the two CCG members. A lay member representative from one CCG will preside as Chair and a lay member representative from the other CCG will be the deputy chair. Those arrangements will be reviewed on a six monthly basis to ensure they remain fit for purpose in enabling the Joint Committee to continue to effectively discharge its responsibilities.~~

Decisions made by the Joint Committee will be binding on its member Clinical Commissioning Groups.

HealthWatch will be invited to have one representative to be in attendance on behalf of the local HealthWatch Groups within each of the CCG footprints

Other organisations and stakeholders, including local authorities and community providers may be invited to send representatives to the meetings to participate and inform discussions when it is relevant to the programme of work under consideration. Representatives from NHSE/I will be co-opted to attend as required and when relevant to the programme of work under consideration.

Deputies

A deputy must have delegated decision making authority to fully participate in the business of the Committee. Each full member organisation will identify a named deputy member to represent one of the full members in the event of absence.

Decision-Making

The Joint Committee will aim to make decisions through consensus.

Exceptionality - where decision making by consensus is not possible, the Committee Chair will call on each voting member to cast a vote. Where a minimum of 75% of the voting committee membership in attendance at the meeting in question are in agreement, a recommendation/decision will be carried.

Quorum

For the Committee to undertake its business the following Committee membership attendance arrangements must be met:

- a minimum of two voting representatives from each member CCG must be present
- at least one Accountable Officer, one CCG GP and one CCG lay member must be present
- the Chair or deputy chair must also be present.

A duly convened meeting of the Committee at which quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in or exercisable by it.

Meetings

The Joint Committee shall meet ~~in public on a quarterly basis at two monthly intervals~~ and then as required in order to deliver the defined objectives; the Chair will have authority to call an extraordinary meeting with at least 2 days' notice.

Meetings will be scheduled to ensure they do not conflict with respective CCG Governing Body meetings.

Meetings with other Joint Committees in the Cheshire & Merseyside Healthcare Partnership footprint will be arranged, as required. In the event that a sub group or working group is considered appropriate from such a meeting, all parties will need to agree the reporting arrangements.

Joint Committee meetings will be held in public, members of the public may observe deliberations of the Committee but do not have the right to contribute to the debate. Items the Committee considers commercial in confidence or not to be in the public interest will be held in a private session (Part 2) of the meeting, which will not be held in public as per Schedule 1A, paragraph 8 of the NHS Act 2006.

Conflicts of Interest

Individual members of the Joint Committee will have made declarations as part of their respective organisation's relevant policy and procedure; a register of the interests of all members of the committee (full and associate) will be compiled and maintained as a Joint Committee Register of Interests. This register shall record all relevant and material, person or business interest, and management action as agreed by the individual's CCG. The Joint Committee register of interests will be published on each organisation's website.

Each member and attendee of the Committee shall be under a duty to declare any such interests. Any change to these interests should be notified to the Chair.

Where any Joint Committee member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) taking into account any

management action in place at the individual's CCG and having regard to the nature of the potential or actual conflict of interest, shall decide whether or not that Joint Committee member may participate in the meeting (or part of meeting) in which the relevant matter is discussed. Where the Chair decides to exclude a Joint Committee member, the relevant party may send a deputy to take the place of that conflicted Joint Committee member in relation to that matter.

Should the Joint Committee Chair have a conflict of interest, the committee members will agree a deputy for that item in line with NHSE guidance.

Any interest relating to an agenda item should be brought to the attention of the Chair in advance of the meeting, or notified as soon as the interest arises and recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the respective CCG's Conflicts of Interest Policy, the Standards of Business Conduct for NHS Staff (where applicable) and the NHS Code of Conduct.

Attendance at meetings

Members of the committee may participate in meetings in person or virtually via video, telephone, web link or other live and uninterrupted conferencing facilities.

Administration

Support for the Joint Committee will be provided on a rotation basis by the participating CCGs in line with the rotation agreed for Chairing the Joint Committee.

Papers for each meeting will be sent to the Joint Committee members no later than five working days prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Review

These terms of reference shall be reviewed by the Joint Committee at least annually, with input from governing bodies, and any consequential amendments approved by each CCG members' Governing Body.

First approved: November 2019

Reviewed: March 2021

Date of next review: March 2022 or earlier

Terms of Reference Approval processes and dates

Reviewed and recommended by the Joint Committee for approval to the respective governing bodies: 25th March 2021

Date approved by NHS Southport and Formby CCG Governing Body: TBC

Date approved by NHS West Lancs CCG Governing Body: TBC

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 20th January 2021	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG is forecasting a likely case deficit of £2.616m. 	<ul style="list-style-type: none"> The CCG is not on target to deliver its statutory duty (breakeven) or its revised Control Total (£3.765m deficit). 	<ul style="list-style-type: none"> The CCG should continue to review all expenditure / appropriate decision making linked into current COVID pressures. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation as soon as possible.

Information Points for Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> The committee received an update in relation to the NHS People Plan and associated action plan for the CCG. <ul style="list-style-type: none"> An update in relation to the NHS People Plan is to be reported to the committee 3 times a year (every 4 months). The CCG will be adopting the principles of the Future Focused Finance Sponsorship Programme, which provides the opportunity for finance staff from under-represented groups to receive career sponsorship support from NHS finance directors. The programme will be adopted for the finance, Business Intelligence and contracts teams in the first instance, with a view to potentially extending it across the organisation. The committee received an update on the HR performance dashboard. <ul style="list-style-type: none"> Appraisals have been taking place with staff, which is expected to lead to an improvement in the completion rate reported. The CCG's Pay Progression Policy is in the process of being finalised. Pay progression will be linked to compliance with the CCG's appraisal process and Statutory & Mandatory training requirements from April 2021. The Leadership Team will discuss the CCG's approach to manage

- the new requirements of pay progression amidst the current workload pressures.
- The committee discussed management of sickness absence related to stress / anxiety / depression. Staff wellbeing communications will be reviewed outside the meeting, and consideration will be given to an audit of wellbeing related conversations, as part of the NHS People Plan measures.
 - The committee received an update on CHC.
 - NHSE/I's North West Incident Management Team approved a proposal to pause activity relating to deferred assessments for an initial period of two weeks with effect from Monday 11th January 2021, with the aim of releasing qualified staff to support discharge efforts. Regional discussions are taking place regarding whether the two-week pause is to be extended.
 - The CCG is awaiting the output report from MIAA following the post implementation review of the Adam Dynamic Purchasing System (DPS). Cheshire & Merseyside Health & Care Partnership will be undertaking a piece of transformation work in relation to the CHC agenda and collaboration across the region; the outcome of this work may impact upon future CCG arrangements with the Adam DPS.
 - The committee received an update on prescribing expenditure at month 7 (October 2020) and noted the good quality of information and level of detail within the report.
 - The committee approved the practice level prescribing budgets for 2020/21.
 - The committee ratified the Pan Mersey APC recommendation to commission Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation. This ratification followed the Chief Finance Officer's approval to authorise the commissioning of this drug (in line with delegated authority arrangements) in order to meet the 90-day implementation target for drugs / treatments recommended by NICE.
 - The committee approved sign up to the Rivaroxaban (Xarelto) rebate scheme.
 - The committee received the finance report for month 9 (December 2020).
 - The committee received an update on the CCG's finance strategy.
 - Current financial guidelines will be extended to the first quarter of 2021/22; further information and guidance is expected in due course. Contracting processes are expected to resume in the second quarter of 2021/22.
 - The CCG is continuing to review run rate information as well as key investment strategies for mental health and primary care in line with the NHS Long Term Plan in preparation for 2021/22 financial planning.
 - The committee received a QIPP update.
 - The CCG's QIPP processes have been temporarily suspended as a result of the need to direct resources to the COVID-19 response and the

Mass Vaccination programme.

- The CCG has identified areas of focus for the remainder of 2020/21 for QIPP activity around Advice and Guidance and Evidence Based Interventions.
- The Southport and Formby Transform end of life programme has been extended to the end of March 2022.
- The F&R Committee risk register was approved subject to further review of a number of COVID HR risks, and the scoring of finance sub-risk FR0011a in relation to the non-delivery of the CCG's planned QIPP target in 2020/21. It was also agreed to close risk FR0012 in relation to outstanding 2019/20 contract differences between the CCG and Southport and Ormskirk NHS Trust, as the issue has now been resolved.
- The committee received an update on the CCG's relocation from Merton House, which remains on target.
 - CCG staff will need to vacate Merton House by 17th March 2021.
 - The Chief Finance Officer and Head of Medicines Management will discuss any operational issues in relation to relocating the Medicines Management team, given that the majority of the team have worked onsite at Merton House during the pandemic.
- The committee received the actions in relation to the F&R Committee, following the outcome of the Niche governance review of the CCG in 2020. Members will be asked to share comments with the Chair in relation to a training needs analysis, with a view to holding a discussion at the next committee meeting in February 2021.
- The committee received the draft output report following a review of F&R Committee effectiveness by MIAA in November 2020.
 - The review had concluded a Substantial Assurance rating for the committee's effectiveness, noting that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
 - As part of the recommendations of the report, the Chair will produce a committee annual report for presentation to the Governing Body; the timings of the report are to be confirmed.
- The committee approved the 2021/22 work plan subject to changes agreed at the meeting.
- The committee received the F&R meeting dates for 2021/22.

Key Issues Report to Governing Body

Finance and Resource Committee Meeting held on Wednesday 17th February 2021	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions
<ul style="list-style-type: none"> The CCG has improved its financial position with the likely case scenario reducing from a deficit of £2.6m to £1.6m in line with the best case scenario. The CCG is working alongside the C&M HCP and partner organisations to develop a plan to achieve breakeven. 	<ul style="list-style-type: none"> The CCG may miss the delivery of its statutory duty (breakeven) or its revised Control Total. 	<ul style="list-style-type: none"> The CCG should continue to review all expenditure / appropriate decision making linked into current COVID pressures. All expenditure must be reviewed to deliver improvements in both efficiency and effectiveness of services. The CCG must ensure that QIPP plans are in place to address the underlying deficit from a CCG and system level. These plans must be ready for implementation as soon as possible. Ongoing discussions are to take place with the C&M HCP and partners to review the year-end position.

Information Points for Southport and Formby CCG Governing Body (for noting)
<ul style="list-style-type: none"> The committee was presented with an updated Out of Hours / Lone Working Procedure. <ul style="list-style-type: none"> Further updates to the procedure were agreed, which include the addition of wording to reference the process in which a lone working device / personal alarm and / or conflict resolution training can be accessed if it is decided that a staff member requires it. This is to be added after a meeting has taken place to discuss procurement of lone working devices. Due to the urgent requirement to have an approved policy in place, given its increased relevance with the Mass Vaccination programme and increased out of hours / lone working, the committee provided delegated authority to the Chair to approve the procedure once it has been updated.

- The committee approved the Appraisal & Pay Progression Policy subject to the correction of a minor typographical error. The policy has been updated to reflect national changes to NHS Agenda for Change terms and conditions for pay progression.
- The committee received a comprehensive update report on the CCG's Equality Objective Action Plan, Workforce Equality and Diversity Plan and the ongoing work of the Merseyside CCGs Equality and Inclusion Service.
 - The CCG will submit Workforce Disability Equality Standard data on a voluntary basis in 2021/22.
 - The Merseyside CCGs Equality and Inclusion Service will commence discussions with CCG colleagues in relation to adopting the Race Equality Code 2020. The CCG will be responding to the relevant aspects of the code.
 - The CCG has submitted a return to NHSE/I's Regional Strategic BAME Assembly, confirming its commitment to being an anti-racist region.
- The committee received a CHC report.
 - An update was received on the MIAA post implementation review of the Adam Dynamic Purchasing System, and MIAA's draft findings and recommendations. The review has concluded a 'moderate' assurance rating. The CCG will progress the recommendations from the review.
 - The committee was updated on the clearance of deferred cases awaiting assessment which have arisen during the COVID-19 period. The CCG does not anticipate any issues with the completion of all known cases identified as requiring assessment by 31st March 2021 as nationally directed.
 - The committee noted the inclusion of narrative in the CHC Finance & Activity Report, to explain the data and graphs. The narrative requires further improvement and is a work in progress.
- The committee received an update on prescribing expenditure at month 8 (November 2020).
 - Although the CCG is forecasting an underspend, actual expenditure at month 8 is more than expenditure at the same point last year. The COVID-19 pandemic has considerably affected the prescribing financial position in 2020/21 along with significant price increases in Category M drugs such as Sertraline.
 - The CCG's financial plan for 2021/22 will include prescribing costs and expected expenditure, which will be profiled across the year.
- The committee received an update on the CCG's financial position at month 10 (January 2021).
 - The CCG is working alongside the Cheshire & Merseyside Health & Care Partnership (C&M HCP) and partner organisations to develop a plan to achieve breakeven. The CCG will achieve a breakeven position dependent on receipt of additional allocations from the C&M HCP.
 - Work is ongoing to assess the CCG's 2020/21 'exit run-rates' in conjunction with the C&M HCP to determine opening 2021/22 plans / QIPP requirements.
- The committee received an update on QIPP, noting that QIPP activity has been suspended to allow resources to be directed to the Mass Vaccination programme and the COVID-19 pandemic response; therefore progress continues to be limited.

- The committee approved the F&R Risk Register subject to the following amendments:
 - The total residual score for risk FR0011 (in relation to non-delivery of the CCG's Control Total [£0.9m surplus] / statutory duty [breakeven]) is to be reduced from 20 (4x5) to 9 (3x3). This is in line with the risk matrix rationale, as the overall financial pressure is now below £1m and the likelihood of the risk materialising has reduced. The financial pressure is at £700k after the expected additional funding from the C&M HCP.
 - The total residual score for sub-risk FR0011a (in relation to the CCG not fully delivering its planned QIPP target in 2020/21) is to be increased from 16 (4x4) to 25 (5x5). This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m.
- The committee discussed a training needs analysis and agreed to incorporate quarterly development sessions to focus on technical areas including the main finance report, prescribing report, QIPP and CHC. The first session will take place on 17th March 2021. The committee was informed that training on softer / behavioural skills will be provided at an upcoming Governing Body Development session and will also be extended to the wider CCG as part of the NHS People Plan actions and Organisational Development agenda.

Key Issues Report to Governing Body



Joint Quality and Performance Committee held on 26th November 2020 **Chair:
Dr Rob Caudwell**

Key Issue	Risk Identified	Mitigating Actions
<p>1. Inappropriate electronic access to practices by Sefton patients.</p> <p>2. Review clinical lead attendance at CQPG/ CCQRM. Need to ensure coverage.</p> <p>3. Covid 19 update – secondary care numbers of Covid 19 admissions has peaked but Covid 19 long stay patients remain an issue.</p> <p>4. Equality and Diversity issue for support on adults ASD diagnosis and onward support provided by Mersey Care NHS Foundation Trust.</p>		<p>1. Revision on GP practice access messages to ensure appropriate workload for GPs given current pressures.</p> <p>2. Wider development point for governing body with reference to the People Plan and clinical lead priority.</p> <p>3. Activity monitored at CQPG/ CCQRM and system management group. Mutual aid enacted across the system.</p> <p>4. Series of meetings with some progress and £100k additional capacity to manage short term waiting lists with a plan for longer term diagnostic pathway similar to 0-25 pathway. Looking to work with Local Authority on 3rd sector support. MCT execs are aware of the issue. Waiting lists being closely monitored at CQPG.</p>

5. Safeguarding Q2 report - noted decrease in training numbers as a consequence of Covid 19 and numbers of LeDeR cases.

6. A more detailed complaints report will come through to Joint Quality and Performance Committee with detailed coding and strengthening of roles of accountability to manage complaints. The report will come quarterly. Monthly figures on complaints will be included in the deputy chief nurse report.

7. SEND plan presented and progress noted.

8. Non-Medial Prescribing policy approved.

9. Quality Impact Assessment policy approved.

10. Issue of governance when providing update to Governing Bodies and in order to publish safeguarding report on website. This was in September 2020 Joint Quality and Performance Committee key issues.

11. There is a planned functionality of committees review, efficiency, effectiveness of committees.

6. Reports to be included in Joint Quality and Performance Committee work plan. Review of governance processes and actions will be completed through Q3 and Q4.

10. Noted by Accountable Officer to ensure staff highlight for Chief Officer update to Governing Bodies.

Information Points for Southport and Formby CCG Governing Body (for noting)

- None

Key Issues Report to Governing Body

Joint Quality and Performance Committee held on 28th January 2021

Chair:
Dr Gina Halstead

Key Issue	Risk Identified	Mitigating Actions
<ol style="list-style-type: none"> 1. JQPC ToR approved subject to amendment on 2.2 on nominated deputy 2. PQIRP ToR approved to accommodate the harm review process audit for longer waits. 3. Care home report highlighting system support during COVID to care home sector. All care home residents vaccinated. Surge in care home COVID infections. 4. EPEG reinstated with COVID focus session. ToR presented and approved. 5. Corporate Governance support group ToR. Following external review all 		

<p>complaints will go to JQPC, approved</p> <p>6. Complaints Policy. Process of complaints presented. Number of amendments suggested and to be presented to members out of meeting or approval and to come to the February JQPC for governance. Complaints Oversight Group to be established and terms of reference to be presented at future JQPC meeting.</p> <p>7. Routine Contract quality arrangements have been stood down due to COVID surge and vaccination work priorities. Expectation on data to be collected and focussed, regular quality meetings between quality team and providers continue for issue escalation to commissioners.</p> <p>8. Ongoing success of vaccination programme across Sefton supported by primary care and CCG colleagues noted.</p> <p>9. Confirmation required on how document changes should be presented to the Committee.</p>		<p>For electronic approval by JQPC members once amendments have been made.</p>
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Information Points for Southport and Formby CCG Governing Body (for noting)		
<ul style="list-style-type: none">• None		

Key Issues Report to Governing Body

Audit Committees in Common: Wednesday 27th January 2021 NHS Southport & Formby CCG	Chair: Helen Nichols
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Key Issue	Risk Identified	Mitigating Actions

Information Points for Southport and Formby CCG Governing Body (for noting)

- The committee received written responses to Challenge Questions (selected from a previous External Audit Progress Report) in relation to strategies for meeting mental health needs of local population and review of the NHS People Plan / addressing race inequalities. Further Challenge Questions will next be considered in July 2021.
- The committee received an update report in relation to the CCG's Information Risk Work Programme action plan ahead of the 2020/21 Data Security and Protection Toolkit (DSPT) submission.
 - The DSPT submission deadline has been extended to 30th June 2021.
- The committee received an update in relation to GP pensions.
- The committee received the Losses, Special Payments and Aged Debt Report.
- The committee was presented with proposed changes to the Scheme of Delegation.
 - The committee approved the proposed delegated invoice approval limits for the Director of Strategic Partnerships and the Senior Manager – Commissioning & Redesign. The committee noted the change in post holder for the Interim Chief Nurse role and approved the invoice limit for this post to remain the same.
 - The committee received an update regarding the review of delegation arrangements during the COVID-19 emergency response period.

- The committee received an update on the CCG's published registers, including the Register of Interests and Gifts and Hospitality Register. The committee noted the processes in place for each register and the work carried out to date.
 - A review is to be undertaken to ensure that the CCG's Managing Conflicts of Interest and Gifts and Hospitality Policy is in line with national guidelines and the NHSE/I mandatory training, and that the appropriate staff communications regarding guidelines are being issued.
 - The frequency of presenting the CCG Published Registers to the Audit Committee is to be reviewed.
- The committee received the policy tracker.
 - The committee noted the delay with the review of the Grievance & Disputes Policy and stressed that this policy needs to be finalised as soon as possible ahead of impending organisational change.
- The committee received the Audit Committee Recommendations Tracker.
- The committee received the External Audit Progress Report.
 - Grant Thornton has commenced work in relation to the 2019/20 Mental Health Investment Standard and is aiming to complete the work ahead of the 26th February 2021 deadline.
 - Discussions are ongoing between Grant Thornton and the CCG's finance team members regarding arrangements for the 2020/21 final accounts preparation and audit review for the CCG.
- The committee received the MIAA Internal Audit Progress Report.
 - No issues are anticipated in terms of completion of the internal audit plan by the end of the financial year.
- The committee receive the External Quality Assessment (of Conformance to the Public Sector Internal Audit Standards) report for MIAA.
 - The report concludes that MIAA 'fully conforms to the requirements of the Public Sector Internal Audit Standards.'
- The committee received a report detailing the internal findings of the NHS Counter Fraud Authority - Fraud Prevention Assessment, and noted the identified weaknesses, mitigations and reported measures.
- The committee approved the Risk Management Strategy subject to:
 - inclusion of an updated Terms of Reference for the Joint Quality & Performance Committee; and
 - inclusion of text in relation to the risk based approach to fraud, bribery and corruption (text to be provided by the Anti-Fraud Specialist).
- The committee approved the Audit Committee Risk Register.

- The committee approved the updates to the Governing Body Assurance Framework (GBAF), Corporate Risk Register (CRR) and Heat Map subject to a review of risks related to the phlebotomy service (in the CRR) and care homes (in the GBAF).
- The committee received a summary report and action plan following a self-assessment of committee effectiveness undertaken by members in November 2020.
 - The committee received feedback that the self-assessment responses were consistent and that the committee operated well.
- The committee approved the 2021/22 work plan subject to a review of the reporting frequency for the CCG Published Registers.
- The committee received the list of scheduled meeting dates for 2021/22 and agreed to reschedule the Audit CiC meeting on 13th October 2021.
- The committee noted that a review of the Whistleblowing Policy is required further to discussions in relation to Freedom to Speak Up. The next steps in relation to this review will be discussed at the next Senior Leadership Team meeting.

Key Issues Report to Governing Body

Leadership Team meeting held on 16.02.21 **Chair: Fiona Taylor**

Key Issue	Risk Identified	Mitigating Actions
<p>Item 87 – Spinal Paper for OSC</p> <p>Paper provided to LT and TH joined to give an overview. Review was undertaken which made the following recommendations:</p> <p>Complex surgery should take place on one site and should be co-located with Major Trauma.</p> <p>Development of a single on-call rota for out of hours/emergency consultant cover</p> <p>Deformity surgery should take place at scale with a single MDT and co-located with cancer services. If this is not possible, there should be significant ‘in-reach’ to cancer services.</p> <p>Implementation of the National Back Pain and Radicular Pain Pathway across Cheshire & Merseyside.</p> <p>Elective surgery should be performed at scale.</p> <p>Lead provider would be the Walton Centre with additional capacity at Halton.</p>		

This paper has been through Governing Body meetings in December. MMcD asked if this is going to OSC and is there a wider OSC for Cheshire & Mersey. FLT advised it is going through individual OSC's. TH to liaise with a clinical colleague to co-present this paper at OSC. LC advised that this has not been to EPEG and asked if engagement report from Liverpool can be presented to this meeting in March.

Recommendation – LT approved the above recommendations.

Item 89 – Dermatology

Paper provided to Leadership and TH gave an overview and update. DMC have made improvements and NECSU have been approached to conduct an audit.

Leadership Team asked to note the update and are requested to approve the commissioning of the independent external audit costing approximately £6-7,000.

FLT requested a definitive amount to undertake this audit with a maximum of no more than £8k. It was queried if MIAA might undertake this at a lower cost. Currently at the end of a 3+2 contract. Paper will be provided next week for a 12 month extension whilst the service specification is reviewed and re-scoped.

<p>MMcD asked that all contracts which are up in the next 12 months be reviewed to ensure choice is possible. MMcD to ask Nadine Smith to map all contracts –</p> <p>ACTION Next audit committee will be April and need to take through SLT in March.</p> <p>LT approved recommendation incorporating ceiling of £8k.</p> <p>Item 90 – High Cost Cases</p> <p>Paper provided and BP gave an update. All cases provisionally approved by MMcD around 1:1 care packages. Weekly reviews being undertaken with CSU to review care logs to ensure level of care is still required. MMcD advised the fourth case is undertaking an independent review.</p> <p>LT approved these cases.</p> <p>Item 94(i) – Community Cardiology S&F Health 2020/21 Contract and Support</p> <p>Paper provided for approval and MMcD gave an overview requesting additional payment of £27k. LT was asked to note the following: The impact the service has on the cardiology patients</p> <ul style="list-style-type: none"> Potential impact on LHCH/S&O if this service isn't in place The level of reputational risk Approve the financial support to 		<p>MMcD to ask Nadine Smith to map all contracts</p>
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<p>Southport & Formby Health</p> <p>Approved by Leadership Team.</p> <p>Leadership Team – 24.2.21</p> <p>Item 103 – Nursing & Quality Team Structure & Portfolios</p> <p>Report provided and CC gave an overview. BP's development has been discussed with Marie Boyles and he will be going on a secondment for 12 months from the second week in March to Southport Hospital. Portfolio's will then need to be reviewed with TF going to an 8D to cover BP's role. Backfill will be required. FLT queried Jane Keenan's role and potential for the programme management around CHC – programme manager would pick up contract management with CHC and case management over and above what is already been picked up. JL asked if BP's place will be taken on the on call rota and this was confirmed. ACTION - MMcD to liaise with CC re the £21k requested, making it clearer than currently in the paper. DCF queried the skill set to cover the 8A role. CC advised this is interim for the next 12 months and there may be some existing posts not showing in interim structure and will show all substantive roles and anyone on secondment so as not to lose posts.</p>		<p>MMcD to liaise with CC re the £21k requested, making it clearer than currently in the paper.</p>
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Recommendation – Team structure to be adapted and £21k investment for 21/22 to improve capacity and pick up quality management. LT approved this recommendation with the above proviso around finances.

Item 107 – Active Ageing Termination of Contract

JS gave an overview of a paper provided to LT. Service was developed as part of the falls services. Agreed to fund in October 2020 to May 2021. This was thought to be a public health prevention service. Cost of £35k per annum with small throughput. Duplication of Active Steps service provided by MCFT in Southport & Formby. Follow up discussion with Angela Clintworth, Ellie and DBu to review how this funding could be better used. DCF queried if there would be any redundancy implications and this was not thought to be an issue as this is a contract which will not be renewed.

Recommendation – Contract termination as funds could be better utilised elsewhere – LT agreed with this recommendation.

Item 108 – Review of Sefton CCG's Policy for Implementation of a Clinical Threshold for Elective Cataract Surgery in Adults (2018)

JG and AG joined the meeting and gave an overview of the report provided to LT.

Adoption of this policy will align the Sefton CCGs with other local CCGs in preparation for the changes in 2022. FLT advised the paper was well prepared, showing which committees it has been to, which was helpful. CC asked if there was any sense of how much this might save, but JG advised this is not currently available. JL queried where we sit in terms of benchmark data across the two CCGs which was provided by Right Care and it would be good to understand where we stand.

MMcD advised it was understanding where the money is deployed, how much we are doing peer to peer and cost effectiveness i.e. 10% reduction in people being admitted with sight issues following falls etc., to support financial position.

Recommendation:

- The withdrawal of the CCG's policy for Implementation of a Clinical Threshold for Elective Cataract Surgery in Adults (2018)
- Adoption of the Policy for Cataract Surgery (Criteria Based Clinical Treatment A11.5 2019/20 Revised Policy)

- Approval of the CBCT policy to March 2022 unless otherwise required. At which point would be brought back to the members for review and consideration.
- Explore options for utilisation of Liverpool Choice Team as the number of patients contacting the team will drop by an estimated 1319 per annum (*based on 2019/20 data*).

LT would be happy to support the recommendation but require clarity on the above detail – MMcD and CC to liaise with JG and AG offline.

Leadership Team 09.03.21

Item 125 – Practice Merger

Paper presented by JL to Leadership Team around reasons for Roe Lane and Christiana Hartley practices merging. There is a cost re EMIS to the CCG, but felt to be the right thing to do. MMcD queried Roe Lane and Federation support looked at a couple of years ago, and JL advised this did not take place. Permanency of the merger queried and JL advised Roe Lane has a small list and makes sense to consolidate this. CC queried confidentiality issues and JL advised assurance can be obtained from IM – **ACTION**.

Recommendation – To approve merger –

MMcD and CC to liaise with JG and AG offline

CC queried confidentiality issues and JL advised assurance can be obtained from IM

LT approved.

Item 129 – Imagine Independence – Update on Allegations and Recommendations

GJ joined the meeting and gave an overview of the paper provided to LT. Allegation received last April around a malpractice complaint. MIAA alerted and investigation took place. Concluded there was no substance to the allegation and service should be reviewed. Second complaint received in January 2021 containing 4 allegations. Meeting took place early March and allegations rebutted verbally and in writing. The service has been transparent and open.

£70k of non-recurring funding due to expire in April 2021 for IPS element, with various funding streams from the local authority and looking to pull these together. Asking for funding to be rolled over whilst service is put out to procurement.

CC advised report has been sent to Marie Boles and follow up should be built in to contract management to review any future allegations. Feedback is to be requested – **ACTION** - CC

TJ asked if the £53k is part of the baseline contract for 2 years and £70k is non-recurrent. GJ advised £53k is currently on

CC advised report has been sent to Marie Boles and follow up should be built in to contract management to review any future allegations. Feedback is to be requested – CC

hold pending agreement. St Helens and Knowsley have agreed the funding for next year.

Recommendation – LT asked to ratify the conclusions of the commissioners in response to the allegations concerning Imagine Independence and approve funding of £70,957 for the IPS in 2021/22. LT approved subject to input from NHSE.

Item 130 – Dermatology

TH attended the meeting and gave an overview of the report provided to LT. Due to the global COVID-19 pandemic, the planned procurement of community dermatology services has been delayed. It envisaged that through the QIPP workstreams identified by the 'system management group (SMG)', more specifically the dermatology workstream, the trialling of new integrated cross sector working would have led to the development of a new service specification and informed the procurement of a new service. The global COVID-19 pandemic and the more recent recommendation by NHS E/I of an independent and external review of DMCs PTL, has delayed actions.

CC asked that quality issues are kept on the agenda and this is being monitored. MMcD advised BD is taking a paper to F&R around

<p>procurements. Alan Sharples is concerned that no alternatives have been sought prior to extending services. TH advised there have been issues due to Covid. This paper will need to go to SLT for approval – MMcN - ACTION</p> <p>Recommendation - The Leadership team is asked to consider the case for a single action tender for a one year contract award to DMC healthcare for the delivery of the community dermatology service, considering the background of considerable pressures in the secondary care system relating to COVID-19 pandemic, and take into consideration details supporting the forthcoming NHS and social care reforms, namely 'Integration and innovation: working together to improve health and social care for all.'</p> <p>Sent to SLT for approval.</p> <p>Leadership Team 16.03.21</p> <p>Item 138 - Primary Care</p> <p>Covid Support to General Practice JL gave an overview of the paper provided to LT describing the services which have been stood up to cover Covid.</p> <p>Covid Hubs</p>		<p>This paper will need to go to SLT for approval – MMcN</p>
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Covid Hub in South Sefton is run from the UTC with no additional costs incurred. Covid Hub in North looking to reduce hours and run in the afternoon only as demand drops. Oximetry at Home pathways – piece of work being done to review if this stay in the hubs or general practice.

MMcD queried extended hours which JL confirmed are continuing.

Recommendation

A single COVID Hub remains accessible within each CCG to prevent patients unnecessarily being directed to AED. These hubs also play a part in the oximetry at home service. The SF service is looking at reducing its hours of operation as demand reduces.

Acute Visiting Services (AVS)

The AVS service in South Sefton is commissioned recurrently from Go to Doc although the contract is separate to that of the main Primary Medical Care Out of Hours contract. An additional manned vehicle was commissioned during times of pressure. This service provides home visits to COVID positive (or suspected positive) patients and those shielding.

The Southport & Formby CCG service was newly commissioned as a result of the pandemic and delivers a similar service to

that of the South Sefton service.

Recommendation

The commissioned service in South Sefton continues to support practices and during this time its longer term future is reviewed.

The service continues in Southport & Formby whilst longer term plans for the service are reviewed as part of urgent care services.

Shielding Patient Phlebotomy

Southport & Formby Federation also provide a domiciliary phlebotomy service to those patients who are shielding this was as a result of lack of availability through the CCG commissioned service.

Recommendation

This service will continue and stand down when shielding ends.

Mass Vaccination Lead CCG

Colette Page in her role as Practice Nurse Lead increased her hours to full time to lead on Mass Vaccination for the CCG. This ensures CCG representation at daily C&M vaccination meetings.

Recommendation

The role continues to be supported to

the end of quarter 1 and is reviewed as to how this is incorporated into business as usual during this time.

LQC

It is proposed that the suspension of the LQC (phase 6) is rolled over into the 1st quarter of 21/22 in order to enable primary care to continue to support the COVID 19 vaccination programme. The development of phase 7 LQC is in progress, and will largely mirror the indicators within phase 6, however there are some changes that are being introduced. National changes in relation to GP core contract and Direct Enhanced Services are still awaited from NHSE, therefore it has not been possible to confirm phase 7 LQC plans. A 1% uplift to the LQC has been included for 2021/22 in CCG finance plans, subject to Governing Body approval. A final LQC will be dependent on NHSE contractual changes and approval of CCG finance budgets, therefore it is proposed that phase 7 LQC will be a 9 month contract to cover July 21 – March 22. Whilst PCN vaccination sites have been asked if they wish to deliver on going vaccination to cohorts 10-12 second dose vaccinations will continue in PCN sites throughout quarter 1.

FLT asked for details of what is happening across the rest of Cheshire and Mersey with LQC. MMcD advised pending publication of

national financial framework we agree an uplift of 1% with oversight of chief finance officer.

Recommendation

During quarter 1 the next phase of the LQC is drawn up and subject to the usual approval process. The suspended phase 6 continues with the 1% uplift applied.

MMcD advised that any expansion of services without a clear rationale will attract the attention of C&M.

Overall Recommendation – LT asked to support the individual recommendations outlined above during quarter one of 2021/22 – LT approved all of the above.

Item 140 – Extending Winter Funding for Community Services

SF joined LT and gave an overview of the paper provided proposing to extend funding for six months to support restoration of services. There is evidence of pressures due to long Covid, accelerated discharges and patients choosing to remain at home continue to impact upon community service capacity with uncertainty of when surge management will ease.

Funding of £275k requested. MMcD queried if these were all six month schemes

and SF confirmed this. Any funds would need to be transferred to MCFT from May in order to continue these schemes and be reflected in the financial framework as the services transfer from LSCFT to MCFT with the contract change.

Recommendation – LT is asked to support a six month extension of winter funding for LSCFT community services. LT approved subject to publishing of financial framework and work with finance teams across the providers to ensure the allocations given to providers and CCGs for 21/22 are mapped out to ensure continuation.

Leadership Team 23.03.21

Item 157 – Domestic Homicide Review
Budget – Sefton Safer Community
Partnership

TF presented a paper re additional contribution to fund the panel. Currently £5k available to support two DHRs and request received to contribute £10k covering both CCGs.

Recommendation – Provide additional £10k one off payment to support service. MMCD happy to support on non-recurrent basis. LT approved.

Information Points for Southport and Formby CCG Governing Body (for noting)

- None

Key Issues Report to Governing Body



Southport & Formby Primary Care Commissioning Committee Part 1, 21st January 2021	Chair: Graham Bayliss
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Key Issue	Risk Identified	Mitigating Actions
COVID mass vaccination and the capacity to support the programme in Primary Care.	This is the main priority of practices working within PCN groupings. The ability to release staff wot work within the vaccination programme will impact on business as usual within General Practice.	Structures in place to oversee programme and coordinate the operational delivery. Recruitment process identified to bring staff and volunteers into the programme and reduce demands on General Practice. Guidance around income protection for QoF and LQC issued to enable capacity to be directed at mass vaccination.

Information Points for Southport and Formby CCG Governing Body (for noting)
<p>The Committee noted the Primary Care Finance Report, with the main underspend relating to Additional Role Reimbursements for PCNs.</p> <p>The Committee noted the COVID 19 Vaccination Enhanced Service and the impact this would have on practices capacity.</p> <p>The Committee discussed the update relating to Directed Enhanced Service relating to Learning Disability Health Checks.</p> <p>The risk register was reviewed.</p>

Finance and Resource Committee Minutes

Wednesday 20th January 2021, 10.30am – 12.30pm
Microsoft Teams Meeting

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Chrissie Cooke	Interim Chief Nurse, S&F CCG	CC
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Jan Leonard (Items FR21/05-07 & FR21/12-14[part])	Director of Place, S&F CCG	JL
Susanne Lynch (FR21/08-11 & FR21/14[part] - FR21/24)	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Ex-officio Member*		
Fiona Taylor (Items FR21/12[part] – FR21/14)	Chief Officer, S&F CCG	FLT
In attendance		
Tracy Jeffes (Items FR21/01-06)	Director of Place – South, S&F CCG	TJ
Jane Keenan (Items FR21/01-/07)	Interim CHC Programme Lead, S&F CCG	JK
Adrian Poll (Item FR21/17-FR21/19)	Senior Audit Manager, MIAA	AP
Gill Roberts (Items FR21/01-FR21/06)	Senior HR Business Partner, People Services, M&L CSU	GR
Apologies		
None		
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Jan 20	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	✓	A	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	✓	A	A	✓	✓	A	✓	✓	A	✓
Martin McDowell	Chief Finance Officer	A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]										✓
Jan Leonard	Director of Place	✓	A	✓	A	✓	✓	✓	✓	✓	✓
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A	A	A	A			
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	*	✓	*	✓	*	✓	✓	✓	✓

No	Item	Action
General business		
FR21/01	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Introductions were made. No apologies for absence had been received for this meeting.</p> <p>Chrissie Cooke, who has recently been appointed to the position of Interim Chief Nurse at the CCG, was welcomed to the committee.</p> <p>It was noted that Susanne Lynch would be late in joining the meeting due to work on the Mass Vaccination programme. Due to the timing of her arrival, the Chair decided to cover the prescribing items (items <i>FR21/08</i> to <i>FR21/11</i>) after item <i>FR21/15: Finance & Resource Committee Risk Register</i>. The rest of the meeting would follow the order of the agenda. The minutes of the meeting would be structured in line with the original order of the agenda.</p>	
FR21/02	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport and Formby Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Southport and Formby F&R Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • <i>Item FR21/09: GP Practice Prescribing Budgets 2020/21</i> HM declared that as a GP Partner in Southport and Formby, he had a direct conflict of interest with this item. CR declared that as Practice Manager of a GP practice in Southport and Formby, she also had a direct conflict of interest with this item. It was noted that the report for this item asked the committee to approve GP practice prescribing budget setting for 2020/21. Following advice from the CCG's Interim Lead for Corporate Services prior to the meeting, the following actions were undertaken to manage the declared conflicts of interest: <ul style="list-style-type: none"> - The meeting pack sent to HM and CR prior to the meeting had been a redacted version without the report for item <i>FR21/09</i>. - The Chair confirmed that HM and CR could remain in the meeting during this item but would be excluded from decision making. With the exclusion of HM (the committee's GP Governing Body member) from decision making, CC's participation would provide the Clinical Governing Body 	

No	Item	Action
	<p>member input required to meet quorum arrangements.</p> <ul style="list-style-type: none"> <i>Item FR21/18: Niche Governance Review – Actions Related to F&R</i> CC declared that she is the Chief Nursing Lead at Niche Health & Social Care Consulting. She had, however, not been involved in the CCG's governance review undertaken by Niche in 2020, specific actions from which were to be reported under item <i>FR21/18</i>. The Chair reviewed the declaration and decided that as CC had not been involved in the governance review and given that a training needs analysis was to be discussed which was relevant to CC as a committee member, she could participate in discussion during item <i>FR21/18</i>. 	
FR21/03	<p>Minutes of the previous meeting and key issues The minutes of the previous meeting held on 25th November 2020 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR21/04	<p>Action points from the previous meeting</p> <p>FR20/79 Update - Phase-out of Faxes / Fax Technology MMcD confirmed that there was no update to provide at this stage in relation to the two remaining practices in Southport and Formby that are yet to phase-out the use of faxes / fax technology. HM and CR provided commentary on the current situation at their respective GP practices in relation to the phase-out of faxes. Action to remain open on the tracker until there are no longer any faxes / fax technology in use by primary care in Southport and Formby.</p> <p>FR20/148 Action points from the previous meeting (FR20/79 Update - Phase-out of Faxes / Fax Technology) In reference to the issue raised by HM regarding contact email addresses not being included on forms (such as X-ray forms) from a number of providers, which has encouraged the continued use of fax - MMcD confirmed that NHS Informatics Merseyside has been informed of this issue but has advised that the organisation does not have direct control / influence over the information included within forms. MMcD confirmed he would write to the relevant providers regarding the inclusion of contact email addresses on forms; HM and CR to send the names of the relevant providers via email to TK. This action is to supersede the current action on the tracker.</p> <p>FR20/154 QIPP Update Report – November 2020 In reference to shared learning in relation to system working – MMcD reported that at the monthly Cheshire & Merseyside (C&M) CCG CFO meeting on 21st December 2020, there was a discussion regarding Mersey Internal Audit Agency (MIAA) support for the C&M CCGs' 2021/22 plans. The discussion involved a proposal from MIAA for 10% of internal audit days per C&M CCG to be top-sliced to support a programme of QIPP work across the system. This proposal is under consideration. Action closed.</p> <p><i>It was noted that all other actions on the action tracker following the November 2020 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	MMcD / HM / CR

No	Item	Action
	<i>JL joined the meeting.</i>	
<i>HR</i>		
FR21/05	<p>The NHS People Plan: Update and Action Plan</p> <p>TJ presented an update on progress in relation to the NHS People Plan and associated action plan for the CCG, the details of which were in the report received by the committee.</p> <p>DD referred to the action to appoint a wellbeing guardian and noted his understanding that the Lay Member for Patient Experience and Engagement (which is his role) would be appointed in this position. DD is yet to receive communications from the CCG regarding the wellbeing guardian role. TJ confirmed this would be actioned in due course.</p> <p>AOR reported that the director of the North West Skills Development Network joined the CCG's Senior Finance Team meeting this month to present a Future Focused Finance Sponsorship Programme. This is a two-year programme which provides the opportunity for finance staff from under-represented groups to receive career sponsorship support from NHS finance directors. The CCG will be adopting the principles of this programme for the finance team and will also extend it to the Business Intelligence and contracts teams in the first instance. The programme will subsequently be presented to the CCG's Sounding Board with a view to potentially extending it across the organisation. Members commented that this was an encouraging programme.</p> <p>The committee discussed the frequency of People Plan updates to the committee and agreed that it is to be reported three times a year (every four months).</p> <p><i>The committee received this report.</i></p>	
FR21/06	<p>HR Performance Dashboard</p> <p>GR presented the HR Performance Dashboard 2020/21, which included information up to November 2020, and noted the following:</p> <ul style="list-style-type: none"> • There has been a slight increase in sickness absence rate from August to November 2020. • Appraisals have been taking place with staff which should lead to an improvement in the completion rate reported. • Outstanding Statutory & Mandatory training is being addressed with members of staff and reminders are published in the CCG staff bulletin periodically. • The CCG's Pay Progression Policy is in the process of being finalised before presentation for approval. Pay progression will be linked to compliance with the CCG's appraisal process and Statutory & Mandatory training requirements from April 2021, and the appropriate staff communications will be issued to highlight this. <p>A discussion took place regarding pay progression and its connection to completion of appraisals and Statutory & Mandatory training from April 2021. HN stressed the importance of timely staff communications in relation to this. It was noted that the changes to be implemented from April 2021 are nationally mandated and based on Agenda for Change. HN raised concerns about the</p>	

No	Item	Action
	<p>requirement to complete appraisals and outstanding Statutory & Mandatory training given the current pressures on staff with the COVID-19 response and Mass Vaccination programme. She asked that the Leadership Team discuss the way in which the CCG will manage the new requirements of pay progression amidst the current pressures; MMcD / TJ to action.</p> <p>The committee discussed sickness absence related to stress / anxiety / depression. It was noted that as the CCG's workforce size is small, one or two absences could have a significant impact on statistics. GR noted that Midlands & Lancashire CSU provides the CCG with a quarterly HR Performance Framework report, which includes more detailed information regarding sickness absence figures than the monthly metrics report.</p> <p>DD enquired about the measures in place (and their effectiveness) to mitigate stress related absence. GR confirmed that the CCG's Attendance Management Policy and Procedure details how stress related absence is to be managed. It was agreed that this policy be sent to DD in the first instance, after which he would contact GR directly if he had further queries.</p> <p>Queries were raised regarding whether an audit has taken place on CCG processes to manage stress related absence. GR confirmed that an audit has not taken place, noting that the number of cases of stress related absence is small, with each case being managed on an individual basis. GR confirmed that staff wellbeing communications will be reviewed outside the meeting, and consideration will be given to an audit of wellbeing related conversations, as part of the NHS People Plan measures.</p> <p><i>TJ and GR left the meeting.</i></p> <p><i>The committee received this report.</i></p>	<p>MMcD / TJ</p> <p>GR / TK</p>
Continuing Healthcare		
FR21/07	<p>Continuing Healthcare Update</p> <p>JK provided an update in relation to Continuing Healthcare (CHC) and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> NHSE/I's North West Incident Management Team approved a proposal to pause activity relating to deferred assessments for an initial period of two weeks with effect from Monday 11th January 2021, with the aim of releasing qualified staff to support discharge efforts. The CCG was advised that this decision would be reviewed during the week commencing 18th January 2021 and is yet to receive an update. Marie Boles (Director of Nursing, Cheshire & Merseyside, NHSE/I) is undertaking regional discussions regarding whether the two-week pause is to be extended. JK highlighted the importance of resuming the work on deferred cases awaiting assessment, which may have a financial impact on the CCG. The CCG is awaiting the output report from MIAA following the post implementation review of the Adam Dynamic Purchasing System (DPS). The CCG's contract with Adam DPS had been extended to the end of March 2021. Cheshire & Merseyside Health & Care Partnership will be undertaking a piece of transformation work in relation to the CHC agenda and collaboration across the region, which will include an options appraisal on 	

No	Item	Action
	<p>how to proceed as a system. The outcome of this work may impact upon future CCG arrangements with the Adam DPS system; a further update will be provided at the next F&R Committee meeting in February 2021.</p> <ul style="list-style-type: none"> The month 7 and 8 CHC Financial & Activity Reports (produced by Midlands & Lancashire CSU for the CCG) were circulated to the committee on 7th January 2021. The inclusion of narrative to support and explain the data and graphs in the report is a work in progress. <p>The committee received this verbal update.</p> <p>JK left the meeting.</p> <p><i>As SL had not yet joined the meeting, the prescribing items (FR21/08-11) were covered after item FR21/15.</i></p>	
Prescribing		
FR21/08	<p>Prescribing Report – Month 7 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 7 (October 2020). The CCG is forecast to be underspent by £152k against a budget of £23.387m. The CCG's prescribing budget includes additional allocation based on the NHSE/I funding model as part of the national COVID-19 response.</p> <p>The prescribing report has been developed since the last committee meeting to provide further clarity on the information presented. The report has also incorporated the Chief Finance Officer's request to provide comparative data against other North West CCGs in relation to prescribing spend per weighted population.</p> <p>The current priority for the CCG's Medicines Management Team is supporting the Mass Vaccination programme. The current situation with the COVID-19 pandemic and latest financial guidance has temporarily halted progression of QIPP schemes.</p> <p>MMcD and HN thanked SL and Tom Roberts (Business Intelligence Manager at the CCG) for the detail and quality of information within the prescribing report.</p> <p>The committee received this report.</p>	
FR21/09	<p>GP Practice Prescribing Budgets 2020/21</p> <p>SL provided a brief overview of the Medicines Management team process to determine practice level prescribing budgets for 2020/21, which was explained in detail within the report received by the committee. The prescribing budget for Southport and Formby practices for 2020/21 is £21.459m.</p> <p>Due to the impact of the COVID-19 pandemic on prescribing patterns and the financial regime in place, the usual timing and process to determine practice level prescribing budgets has not been undertaken for 2020/21. The practice budgets for this financial year have been set using the month 6 2020/21 forecast outturn position provided by NHS Business Services Authority.</p>	

No	Item	Action
	<p><i>The committee approved the practice level prescribing budget setting for 2020/21. HM and CR were excluded from decision making due to a conflict of interest (further details on the conflict of interest and the actions undertaken are detailed under item FR21/02: Declarations of Interest Regarding Agenda Items).</i></p>	
FR21/10	<p>Pan Mersey APC Recommendations</p> <p>SL presented a Pan Mersey Area Prescribing Committee (APC) recommendation to commission the following medicine:</p> <p>Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation.</p> <p>This drug has been recommended by NICE. Due to the timing of the F&R Committee meeting and in order to meet the 90-day implementation target for drugs / treatments recommended by NICE, MMcD had authorised the commissioning of this drug in line with delegated authority arrangements. The committee was being asked to formally ratify the commissioning of this drug.</p> <p><i>The committee ratified the Pan Mersey APC recommendation to commission Naldemedine tablets (Rizmoic®▼) for the treatment of opioid-induced constipation.</i></p>	
FR21/11	<p>Prescribing Rebate Scheme – Rivaroxaban (Xarelto) Bayer PLC</p> <p>SL presented a paper with the recommendation to approve sign up to the Rivaroxaban (Xarelto) rebate scheme. Rivaroxaban (Xarelto) is an APC recommended direct oral anticoagulant (DOAC). The rebate scheme is in line with the CCG's policy for approving primary care prescribing rebate schemes.</p> <p><i>The committee approved sign up to the Rivaroxaban (Xarelto) rebate scheme.</i></p>	
<i>Finance</i>		
FR21/12	<p>Finance Report - Month 9 2020/21</p> <p>AOR provided an overview of the month 9 2020/21 financial position for Southport & Formby CCG as at 31st December 2020. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The month 9 financial position is an overspend of £3.305m. This includes an overspend of £1.309m in line with the CCG financial plan, as well as an overspend of £1.996m relating to costs for the Hospital Discharge programme and local Independent Sector contracts, which are awaiting a retrospective allocation adjustment. • The year-end forecast is predicted at £4.612m deficit, which includes a breakeven position for months 1-6, a planned deficit of £2.616m for months 7-12 and cost pressures of £1.996m, which are awaiting a retrospective allocation adjustment. The additional allocation, when received, will reduce the deficit to £2.616m (the CCG's most likely case scenario) in line with the CCG financial plan. • The best case scenario is a deficit of £1.591m and includes a number of 	

No	Item	Action
	<p>mitigations across areas including NHS contract prior year and CHC restoration.</p> <ul style="list-style-type: none"> At month 9, the CCG is at 80.3% of its annual cash drawdown requirement. The target cash balance at this point in the year is 75%. The difference from target is a result of the CCG's requirement to pay providers a block payment one month in advance on instruction from NHSE/I as part of the COVID-19 response. The remaining annual cash drawdown requirement available will be managed through the financial year and the CCG does not anticipate any issues relating to its cash limit. <p><i>FLT joined the meeting.</i></p> <p>The committee had an extensive discussion regarding the finance report. MMcD provided commentary on the CCG's financial position. He reported on local Independent Sector contract arrangements that are outside the national Independent Sector contract agreements, which the CCG should report as a risk pending clarification of the approval process.</p> <p>HN raised a query regarding reporting arrangements in relation to expected income yet to be received from NHSE/I. MMcD confirmed that he would discuss the best way in which to report anticipated allocations with the Senior Finance Team prior to the next F&R Committee meeting.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p>	MMcD
FR21/13	<p>Finance Strategy Update</p> <p>MMcD provided a verbal update on the CCG's finance strategy. A letter was issued from Amanda Pritchard (Chief Operating Officer, NHSE/I) and Julian Kelly (NHS Chief Financial Officer) on 23rd December 2020 regarding operational priorities for winter and 2021/22. Current financial guidelines will be extended to the first quarter of 2021/22; further information and guidance is expected in due course. Contracting processes are expected to resume in the second quarter of 2021/22. The CCG is continuing to review run rate information as well as key investment strategies for mental health and primary care in line with the NHS Long Term Plan in preparation for 2021/22 financial planning.</p> <p><i>The committee received this verbal update.</i></p>	
FR21/14	<p>QIPP Update Report – January 2021</p> <p>AOR presented the QIPP update report and brought the following points to the committee's attention:</p> <ul style="list-style-type: none"> Significant risks remain regarding operational delivery of QIPP savings due to the suspension of QIPP processes as a result of the need to direct resources to the COVID-19 response and the Mass Vaccination programme. The financial regime in place for the remainder of the financial year limits the CCG's ability to remove costs. The CCG has identified areas of focus for the remainder of 2020/21 for QIPP activity around Advice and Guidance and Evidence Based Interventions. Work on refreshed RightCare data has identified areas of opportunity for 	

No	Item	Action
	<p>future review in the following key areas: cardiovascular disease, respiratory disease, problems of the gastro intestinal system and problems due to musculoskeletal system, which account for 82% of total opportunities for the CCG. It is recommended that these four programmes are priority areas for 2021/22, alongside reduction of non-elective zero length of stay admissions.</p> <ul style="list-style-type: none"> The CCG will need to continue to work alongside system partners and the NHSE/I team in further developing the 2021/22 QIPP plan to identify options to reduce the system financial gap in the longer term, taking into account the future financial regime. <p>The committee discussed the QIPP update. MMcD reported that the CCG will work with providers to implement the Advice and Guidance programme to prevent unnecessary admissions and also to limit procedures of low clinical value. The Advice and Guidance focus is a result of peer to peer discussions between Southport and Formby CCG and Tameside and Glossop CCG in 2020.</p> <p>SL joined the meeting. JL left the meeting.</p> <p>HN expressed concerns regarding QIPP progress and the current arrangements in place to achieve required system wide savings. HN confirmed she would raise these concerns with the Governing Body. FLT reported that she would be meeting with Jackie Bene (Chief Officer of Cheshire & Merseyside Health & Care Partnership) today, where she would raise these concerns ahead of the next Governing Body meeting.</p> <p>The committee received the QIPP update report and noted the summary points as detailed within the recommendations section of the report.</p> <p>FLT left the meeting.</p>	
Risk		
FR21/15	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk register which has recently been reviewed by the Senior Finance Team. The following points were brought to the committee's attention.</p> <ul style="list-style-type: none"> Following review by the Senior Finance Team, a number of queries and changes have been proposed in relation to COVID HR risks C22, C23, C25 and C26, taking into account the changing circumstances. These proposed changes were explained to the committee and have been forwarded to the risk owner for review. MMcD recommended that the scoring for the main finance risk FR0011 and sub-risks FR0011a and FR0011b remain unchanged. MMcD proposed the closure of risk FR0012 in relation to outstanding 2019/20 contract differences between the CCG and Southport and Ormskirk NHS Trust, as the issue has now been resolved. The committee agreed to close this risk; the risk register is to be updated accordingly. <p>DD queried why the likelihood residual score for sub-risk FR0011a (in relation to the CCG not fully delivering its planned QIPP target in 2020/21) had not been raised from 4 to 5, given the current circumstances reported. MMcD confirmed</p>	MMcD / TK

No	Item	Action
	<p>he would review this with the Senior Finance Team prior to the next committee meeting in February 2021.</p> <p>The committee approved the F&R risk register, subject to the closure of risk FR0012 and further review of sub-risk FR0011a and COVID HR risks C22, C23, C25 and C26.</p> <p><i>As SL had now joined the meeting, the Chair covered the prescribing items (FR21/08-11) on the agenda directly after this item.</i></p>	MMcD
<i>Estates</i>		
FR21/16	<p>Estates Update – Relocation</p> <p>MMcD provided a verbal update on the CCG’s relocation from Merton House, which remains on target. CCG staff will need to vacate Merton House by 17th March 2021. MMcD and SL will discuss any operational issues in relation to relocating the Medicines Management team, given that the majority of the team have worked onsite at Merton House during the pandemic.</p> <p>The committee received this verbal update.</p> <p>AP joined the meeting.</p>	
<i>IT – For Information Only</i>		
FR21/17	<p>Update on Digital Funding Streams 2020/21</p> <p>MMcD presented an update report regarding digital funding streams for 2020/21, which had been included for information. Since production of the report, the CCG has received a further invitation to submit a bid for a further allocation of GPIT funding. The bid is in the process of being compiled by NHS Informatics Merseyside.</p> <p>The committee received this report.</p>	
<i>Committee Governance & Arrangements</i>		
FR21/18	<p>Niche Governance Review – Actions Related to F&R</p> <p>MMcD presented actions in relation to the F&R Committee, following the outcome of the Niche governance review of the CCG in 2020. Two actions were related to the committee.</p> <p>The committee was asked to consider how to address the first action regarding training on technical areas for members who do not have a financial background, to strengthen their understanding of the level of financial scrutiny required. The Chair confirmed that she would send an email to all members of the committee to ask for comments in relation to training needs, with a view to holding a discussion at the next F&R Committee meeting in February 2021.</p> <p>The second action in relation to providing the committee with an explanation of QIPP plans set at the start of the year, followed by ongoing progress updates on delivery from the Joint QIPP Delivery Group, was in progress.</p>	HN

No	Item	Action
	<p><i>The committee received the actions in relation to the F&R Committee, following the outcome of the Niche governance review of the CCG in 2020. A training needs analysis will be discussed at the next committee meeting.</i></p>	
FR21/19	<p>F&R Committee Effectiveness Review – Draft MIAA Report</p> <p>AP presented a draft output report, following a review of Finance & Resource Committee effectiveness by MIAA. AP had attended the F&R Committee meeting on 25th November 2020 as an observer to assess the committee's effectiveness.</p> <p>The review had concluded a Substantial Assurance rating for the committee's effectiveness, noting that there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.</p> <p>The Chair thanked AP for undertaking the review. The committee discussed the recommendations in the report and noted / agreed the following:</p> <ul style="list-style-type: none"> • <i>Recommendation: The committee should consider the nature of future verbal updates and whether these provide the assurance required.</i> The committee agreed that in certain circumstances a verbal update may be necessary if time pressures prevent the production of a report. It was agreed that verbal updates are to continue to be provided if a report cannot be produced and that the committee can request a follow-up report if required. • <i>Recommendation: The committee should produce an Annual Report to the Governing Body. The production of an annual work plan for the committee would support this.</i> It was noted that although an annual committee work plan is produced, an Annual Report has not been previously produced for presentation to the Governing Body. AP confirmed that it is considered a best practice approach for board sub-committees to provide an Annual Report to the Governing Body. HN confirmed she would produce an Annual Report after the current financial year has ended, for review by the F&R Committee prior to presentation to the Governing Body. HN and TK to discuss the timings for this report, in order for it to be scheduled into the committee work plan. • <i>Recommendation: The terms of reference are to be reviewed and updated to reflect current membership.</i> This recommendation was made, as the MIAA review had noted that the Chief Nurse (who is included in the committee membership in the terms of reference) had not attended a meeting in year. The committee noted that the current Interim Chief Nurse would be attending F&R Committee meetings and therefore the membership did not require updating in the terms of reference. <p>It was noted that AP would issue the final version of the report to the CCG, after which a management response would be produced.</p> <p><i>The committee received this report.</i></p> <p><i>AP left the meeting.</i></p>	HN / TK

No	Item	Action
FR21/20	<p>F&R Committee Work Plan 2021/22</p> <p>MMcD presented a plan of agenda items / issues to be addressed by the F&R Committee during the financial year 2021/22. The work plan is subject to change throughout the financial year depending on any changes to reporting requirements, and will be maintained by the PA to the Chief Finance Officer.</p> <p>The committee agreed the following amendments to the work plan:</p> <ul style="list-style-type: none"> • The People Plan Update is to be reported three times a year (every four months), as agreed under item <i>FR21/05</i>. • The F&R Committee Annual Report is to be added to the work plan, following discussion between HN and TK regarding the timing of the report. <p>TK to update the work plan with the agreed amendments.</p> <p>The following points were noted by the committee:</p> <ul style="list-style-type: none"> • The timing of the EDS2 Summary Report and Equality Objectives Action Plan update for presentation to the committee is yet to be confirmed. • The CHC update, which is currently being reported on a monthly basis to update on progress against deferred cases awaiting assessment (which have arisen during the COVID-19 period), will return to being reported three times a year in 2021/22. This is subject to change depending on the circumstances, as has been the case in the current financial year; exception reports will be provided as required. <p><i>The committee approved the F&R Committee work plan for 2021/22, subject to the amendments noted above. The committee noted that the work plan is subject to change throughout the financial year depending on any changes to reporting requirements.</i></p>	TK
FR21/21	<p>F&R Committee Meeting Dates 2021/22</p> <p>MMcD presented the list of scheduled F&R Committee meeting dates for the financial year 2021/22. Calendar invitations have been issued to members.</p> <p><i>The committee received the list of scheduled F&R Committee meeting dates for 2021/22.</i></p>	
Minutes of Steering / Sub Groups to be formally received		
FR21/22	<p>Minutes of Steering / Sub Groups to be formally received</p> <p>The committee received the approved minutes of the Joint QIPP Delivery Group meeting, which took place on 27th October 2020.</p> <p>MMcD reported the following points:</p> <ul style="list-style-type: none"> • The Joint QIPP Delivery Group meeting scheduled for 26th January 2021 has been cancelled due to the current operational pressures as a result of the COVID-19 pandemic and Mass Vaccination programme, as well as the temporary suspension of the CCG's QIPP processes. • The Southport and Formby Transform Programme has been extended to the end of March 2022. There will be continued non-recurrent funding for the 	

No	Item	Action
	Transform team from April 2021 to March 2022 to provide enhanced care in care homes as well as education and support at end of life.	
Closing business		
FR21/23	Any Other Business No items of other business were raised at this meeting.	
FR21/24	Key Issues Review MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.	
	Date of next meeting: Wednesday 17 th February 2021 10.30am to 12.30pm Microsoft Teams	

Approved

Finance and Resource Committee Approved Minutes

Wednesday 17th February 2021, 10.30am – 12.30pm
Microsoft Teams Meeting

Attendees (Membership)		
Helen Nichols	Lay Member (F&R Committee Chair), S&F CCG	HN
Chrissie Cooke	Interim Chief Nurse, S&F CCG	CC
Dil Daly	Lay Member (F&R Committee Vice Chair), S&F CCG	DD
Susanne Lynch	Head of Medicines Management, S&F CCG	SL
Martin McDowell	Chief Finance Officer, S&F CCG	MMcD
Dr Hilal Mulla (Items FR21/25 – FR21/34)	GP Governing Body Member, S&F CCG	HM
Alison Ormrod	Deputy Chief Finance Officer, S&F CCG	AOR
Ex-officio Member*		
Fiona Taylor	Chief Officer, S&F CCG	FLT
In attendance		
Gary Holmes (Items FR21/25-FR21/30)	Health & Safety (Fire) and Security Officer, Midlands & Lancashire CSU	GH
Jane Keenan (Items FR21/25-FR21/32)	Interim CHC Programme Lead, S&F CCG	JK
Gill Roberts (Items FR21/25-FR21/30)	Senior HR Business Partner, People Services, Midlands & Lancashire CSU	GR
Jo Roberts (Items FR21/25-FR21/31)	Equality and Diversity Service - Merseyside CCGs	JR
Apologies		
Jan Leonard	Director of Place, S&F CCG	JL
Colette Riley	Practice Manager & Governing Body Member, S&F CCG	CR
Minutes		
Tahreen Kutub	PA to Chief Finance Officer, S&F CCG	TK

Attendance Tracker ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Feb 20	Mar 20	May 20	June 20	July 20	Sept 20	Oct 20	Nov 20	Jan 21	Feb 21
Helen Nichols	Lay Member (Chair)	✓	✓	✓	✓	A	✓	✓	✓	✓	✓
Dil Daly	Lay Member (Vice Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Hilal Mulla	GP Governing Body Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Colette Riley	Practice Manager & Governing Body Member	A	A	✓	✓	A	✓	✓	A	✓	A
Martin McDowell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Alison Ormrod	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chrissie Cooke	Interim Chief Nurse [Joined CCG in January 2021]									✓	✓
Jan Leonard	Director of Place	A	✓	A	✓	✓	✓	✓	✓	✓	A
Susanne Lynch	Head of Medicines Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Karl McCluskey	Director of Strategy & Outcomes [Left CCG in Sept 2020]	A	A	A	A	A	A				
Fiona Taylor	Chief Officer (Ex-officio member of F&R Committee*)	*	✓	*	✓	*	✓	✓	✓	✓	✓

No	Item	Action
General business		
FR21/25	<p>Apologies for absence</p> <p>Due to the situation in relation to the Coronavirus (COVID-19) pandemic and the government guidance to limit social contact, the Finance & Resource (F&R) Committee meeting today was taking place via Microsoft Teams.</p> <p>Apologies for absence were received from Jan Leonard and Colette Riley.</p>	
FR21/26	<p>Declarations of interest regarding agenda items</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Southport and Formby Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Southport and Formby F&R Committee are listed in the CCG's Register of Interests. The register is available on the CCG website via the following link: www.southportandformbyccg.nhs.uk/about-us/our-constitution.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both Southport and Formby CCG and South Sefton CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
FR21/27	<p>Minutes of the previous meeting and key issues</p> <p>The minutes of the previous meeting held on 20th January 2021 were approved as a true and accurate record. The key issues log was approved as an accurate reflection of the main issues from the previous meeting.</p>	
FR21/28	<p>Action points from the previous meeting</p> <p>FR20/79 Update - Phase-out of Faxes / Fax Technology MMcD reported that the phase-out of faxes / fax technology usage by primary care in Southport & Formby would be discussed at the IM&T meeting scheduled for 9th March 2021 and an update would be provided at the next F&R Committee meeting on 17th March 2021. Action still open.</p> <p>FR21/04 Action points from the previous meeting (FR20/79 Update - Phase-out of Faxes / Fax Technology) HM reported on the difficulties and workload that would be involved to review and confirm the names of the providers that do not include contact email addresses on forms. It was agreed for HM to meet with MMcD and Luke Garner (the CCG's Head of Business Intelligence, Strategic Planning & Performance) to discuss whether a data facilitator could undertake or support this work. This action is to supersede the current action on the tracker.</p> <p>FR21/06 HR Performance Dashboard The CCG's Leadership Team has discussed the approach to managing the new</p>	HM / MMcD

No	Item	Action
	<p>requirements of pay progression (i.e. the requirement to complete appraisals and outstanding Statutory and Mandatory training) amidst the current pressures with the COVID-19 pandemic response and Mass Vaccination programme. It has been agreed that flexibility would be allowed in exceptional circumstances. Action closed.</p> <p>FR21/15 Finance & Resource Committee Risk Register MMcD has reviewed the likelihood residual score for sub-risk FR0011a (in relation to the CCG not fully delivering its planned QIPP target in 2020/21) and proposed that this be increased from 4 to 5. This is to be discussed further under item FR21/36: <i>Finance & Resource Committee Risk Register</i>. Action closed.</p> <p><i>It was noted that all other actions on the action tracker following the January 2021 meeting had been completed; updates were provided on the action tracker which were taken as read. No queries were raised in relation to the updates provided.</i></p>	
<i>Policies for Approval</i>		
FR21/29	<p>Out of Hours / Lone Working Procedure</p> <p>GH presented the Out of Hours / Lone Working Procedure, which has recently been reviewed and updated. The procedure provides advice and guidance to staff members who may in the course of their duties have to work out of hours and / or on their own. GH provided an overview of the updates to the procedure, which were shown via track changes. The procedure had not been reviewed by the Corporate Governance Support Group, as the group had been temporarily stood down in order to redirect resources to the COVID Mass Vaccination programme. Due to the limited number of changes to the procedure, the decision had been made to present it directly to the F&R Committee for approval.</p> <p><i>JR joined the meeting.</i></p> <p>The committee had an extensive discussion regarding the procedure and lone working devices, noting that there has been an increase in the number of staff working out of hours and / or on their own with the Mass Vaccination programme. The following updates to the procedure were agreed:</p> <ul style="list-style-type: none"> • GH is to meet with SL and AOR to discuss the procurement of lone working devices. Following this meeting, GH is to include wording in the procedure to reference the process in which a lone working device / personal alarm and / or conflict resolution training can be accessed if it is decided that a staff member requires it. • The procedure is to note at the start that it is connected to the Health & Safety Policy. • The first heading in the procedure refers to staff working alone within a department during office hours but the rest of the text underneath the heading refers to office-based work outside of office hours. The heading is therefore to be corrected. <p>Due to the urgent requirement to have an approved procedure in place, given its increased relevance with the Mass Vaccination programme and increased out of hours / lone working, the committee provided delegated authority to the Chair to</p>	<p>GH / SL / AOR</p> <p>GH / HN</p>

No	Item	Action
	<p>approve the procedure once it has been updated by GH.</p> <p>JR commented that she would liaise with GH separately to discuss the approach to obtaining Violence Reduction Plan assurance from the CCG's commissioned service providers.</p> <p><i>The committee agreed further updates to the Out of Hours / Lone Working Procedure and provided delegated authority to the Chair to approve the procedure once updated.</i></p>	
FR21/30	<p>Appraisal & Pay Progression Policy</p> <p>GR presented the Appraisal & Pay Progression Policy, which has been amended to reflect the national changes to NHS Agenda for Change terms and conditions for pay progression. The policy has been approved by the CCG Staff Partnership Forum. Updates to the policy were shown via track changes. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • National changes to NHS Agenda for Change terms and conditions for pay progression will come into effect for all staff from 1st April 2021, at which point automatic pay progression on the Electronic Staff Record (ESR) system will stop and line manager action will be required. The policy now includes forms for managers to complete for those employees who are due a pay step to ensure that the requirements outlined in the policy are met for pay progression. It also includes information on the process for deferred pay progression and the process for staff members who are absent from work. • The re-earnable process for bands 8c, 8d and 9 is currently paused until national guidance is provided to explain what constitutes the levels of pay deduction. • As the updated policy is required to be in place for 1st April 2021, it is being presented directly to the F&R Committee without having been reviewed by the Corporate Governance Support Group, which has been temporarily stood down due to the COVID-19 Mass Vaccination programme. <p>The committee discussed the updates to the policy as well as the impact of Personal Development Reviews and objectives on pay progression. A minor typographical error was noted in section 5.4 of the policy, where the word 'take' needed to be inserted before the word 'place'. GR to action via the CCG's Corporate Governance Manager.</p> <p>JR commented that the Corporate Governance Support Group (CGSG) would usually receive an Equality Impact Assessment (if relevant) when reviewing a policy. As the policy was being presented directly to the F&R Committee without prior review by the CGSG, she suggested that the Equality Impact Assessment in relation to the Appraisal & Pay Progression Policy is circulated to the committee; GR to action.</p> <p><i>The committee approved the Appraisal and Pay Progression Policy subject to correction of a typographical error in section 5.4.</i></p> <p><i>GR left the meeting.</i> <i>GH left the meeting.</i></p>	<p>GR</p> <p>GR / TK</p>

No	Item	Action
<i>Equality and Diversity</i>		
FR21/31	<p>Equality Update</p> <p>JR presented a comprehensive report, which provided an update on the CCG's Equality Objective Action Plan, Workforce Equality and Diversity Plan and the ongoing work of the Merseyside CCGs Equality and Inclusion Service. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The Merseyside CCGs Equality and Inclusion Service continues to provide ongoing and responsive specialist advice and guidance to the CCGs. Upcoming activities include ensuring the Merseyside CCGs' plans in relation to Equality Objectives, Workforce Equality and NHS People Plan and Organisational Development are all aligned. • As NHS organisations across Cheshire and Merseyside work more closely to address barriers for people with protected characteristics and to address health inequalities, there has been a change to the structure of equality focused forums across the system. There is now a dedicated Workforce Equality Focused Forum and a dedicated Patient Equality Focused Forum. The forums are attended by representatives from CCGs and NHS service providers across the Cheshire and Merseyside Health and Care Partnership. • The Workforce Disability Equality Standard (WDES) submissions are not yet mandated for CCGs. NHS England and Improvement (NHSE / I) had expected this to be mandated during 2021/22 but due to the COVID-19 pandemic, consultation with CCGs has not taken place as initially intended. It has been proposed that in view of the impact of COVID-19 on particular groups of people, including those with disabilities, the CCG should look to submit the WDES data on a voluntary basis in 2021/22. A proposed implementation plan was enclosed in the meeting papers for information. JR confirmed that the CCG's Interim Lead for Corporate Services agreed to the proposed voluntary submission and discussion would now commence internally with the relevant CCG leads. • The Merseyside CCGs Equality and Inclusion Service will commence discussions with CCG colleagues in relation to adopting the Race Equality Code 2020, which was enclosed as Appendix 5 in the meeting papers. • Following the circulation of the F&R Committee meeting papers, JR had submitted a return to NHSE/I's Regional Strategic Black, Asian and Minority Ethnic Assembly, confirming the CCG's commitment to being an anti-racist region. <p>Members thanked JR for a comprehensive update report. The committee discussed the update and raised the following queries and comments:</p> <ul style="list-style-type: none"> • DD referred to the COVID-19 Equality Briefing in Appendix 4 and queried whether there was information on the differential uptake in relation to COVID-19 vaccinations and people with protected characteristics. JR confirmed she has been working to obtain this data. • SL referred to Appendix 3 which provided the equality analysis update for NHS commissioners and providers following Brexit. She queried the source behind the list of medications that could be disrupted by Brexit. JR confirmed she would send this information to SL outside the meeting. • In reference to COVID-19 vaccine uptake, CC reported that a number of 	

No	Item	Action
	<p>CCG and Local Authority colleagues had met recently to discuss tackling vaccine hesitancy. Discussion included targeting communications to different groups, including from both patient and workforce perspective. Discussions have since continued to support delivery of key messages.</p> <p><i>The committee received this update report.</i></p> <p><i>JR left the meeting.</i></p>	
<i>Continuing Healthcare</i>		
FR21/32	<p>Continuing Healthcare Update</p> <p>JK presented a Continuing Healthcare (CHC) update report. The following updates were provided:</p> <ul style="list-style-type: none"> • Mersey Internal Audit Agency (MIAA) has concluded the post implementation review of the Adam Dynamic Purchasing System (DPS). The output report is subject to further amendments and sign off. The review has identified areas of good practice as well as areas for improvement, which were detailed within the CHC update report received by the committee. The report has concluded a 'moderate' assurance rating. The conclusion and recommendations of the review will be presented to the Audit Committee via the MIAA Internal Audit Progress Report. • In reference to progress on the clearance of deferred cases awaiting assessment (which have arisen during the COVID-19 period) – the CCG does not anticipate any issues with the completion of all known cases identified as requiring assessment by 31st March 2021 as nationally directed. • The CHC Finance & Activity Report for month 10 2020/21 had been included as Appendix 1. The report provides a comparison of both of the Sefton CCGs in terms of case mix covering learning disabilities, mental health, fast tracks, physical disabilities, COVID-19 related activity and costings for comparative months against 2019/20 and 2020/21. The report now includes narrative to explain the graphs and data but this requires further improvement and is a work in progress. <p>The committee discussed the MIAA post implementation review of the Adam DPS and the recommendation that, 'the CCG should liaise with Adam and the CSU to determine if the number of criteria processed by the system can be increased,' as the DPS system does not currently allow for cases of a certain complexity to be distributed automatically and therefore they do not benefit from the inbuilt price and quality algorithm. It was noted that AOR and JK will be meeting with a CCG in the Midlands regarding CHC/QIPP work undertaken, after which a discussion can take place with Adam regarding the number of criteria / categories on the system.</p> <p>The committee discussed the following MIAA recommendation in relation to the Adam DPS: 'Sample testing identified that a number of follow up reviews of referrals are overdue and the CCG should liaise with the CSU to ensure that these are undertaken immediately.' It was noted that this is a quality issue and therefore needs to be reported to the Joint Quality and Performance Committee (JQPC); CC informed the committee that she and MMcD are undertaking a review of the reports that are presented to the JQPC and will take this into</p>	

No	Item	Action
	<p>account. FLT confirmed that any MIAA internal audit report will need to be reviewed by the Leadership Team prior to presentation to a committee.</p> <p>The committee discussed the CHC Finance & Activity Report and the impact of COVID-19 and the suspension of the CHC Framework (March – September 2020) on the number of joint funded packages of care.</p> <p>A terminology issue was noted in the CHC Finance & Activity Report in that South Sefton CCG was referred to as ‘Sefton CCG’ throughout the narrative. JK confirmed this would be corrected via Midlands & Lancashire CSU.</p> <p>HN and FLT thanked JK for her work on CHC.</p> <p><i>The committee received the CHC report and noted:</i></p> <ul style="list-style-type: none"> • <i>the update on the MIAA post implementation review of the Adam DPS, and MIAA’s draft findings and recommendations;</i> • <i>the progress on clearance of deferred cases awaiting assessment which have arisen during the COVID-19 period; and</i> • <i>the inclusion of narrative in the CHC Finance & Activity Report.</i> <p><i>JK left the meeting.</i></p>	
<i>Prescribing</i>		
FR21/33	<p>Prescribing Report – Month 8 2020/21</p> <p>SL presented an update report on prescribing expenditure at month 8 (November 2020). The total prescribing expenditure at month 8 is £15.555m and forecast to be underspent by £0.191m against a budget of £23.387m. It was noted that although the CCG is reporting a forecast underspend, actual expenditure at month 8 is more than expenditure at the same point last year. The COVID-19 pandemic has considerably affected the prescribing financial position in 2020/21 along with significant price increases in Category M drugs such as Sertraline.</p> <p>A review has been undertaken of secondary care activity and the continence and stoma service. The review has shown that the continence and stoma service has had additional pressures in terms of patient numbers during 2020/21. The CCG will continue to monitor patient numbers in the service and request feedback regarding pressures affecting financial spend.</p> <p>FLT enquired about whether any profiling work has been undertaken in terms of prescribing expenditure in 2021/22. MMcD confirmed that the CCG has been working with the Cheshire and Merseyside Health and Care Partnership on ‘exit run rates’ for 2020/21, to determine opening plans for 2021/22. The financial plan for 2021/22 will include prescribing costs and expected expenditure, which will be profiled across the year.</p> <p><i>The committee received this report.</i></p>	

No	Item	Action
<i>Finance</i>		
FR21/34	<p>Finance Report - Month 10 2020/21</p> <p>AOR provided an overview of the month 10 2020/21 financial position for Southport & Formby CCG as at 31st January 2021. The following points were brought to the committee's attention:</p> <ul style="list-style-type: none"> • The CCG financial plan was updated on 5th January 2021 and included a forecast year-end position of £2.616m deficit. The planned deficit has been revised to £1.591m following review in February 2021, which is in line with the CCG's best case scenario. • The month 10 financial position is an overspend of £3.221m. This includes an overspend of £1.061m in line with the CCG financial plan and also an overspend of £2.160m relating to costs for the Hospital Discharge programme and Local Independent Sector Contracts, which are awaiting a retrospective allocation adjustment. • The year-end forecast is predicted at £3.751m deficit, which includes a break even position for months 1-6, a planned deficit of £1.591m for months 7-12 and cost pressures of £2.160m, which are awaiting a retrospective allocation adjustment. The additional allocations when received will reduce the deficit to £1.591m in line with the revised financial plan. • The CCG is working alongside the C&M HCP and partner organisations to develop a plan to achieve breakeven. The CCG will achieve a breakeven position dependent on receipt of additional allocations from the C&M HCP. • Work is ongoing to assess the CCG's 2020/21 'exit run-rates' in conjunction with the C&M HCP to determine opening 2021/22 plans / QIPP requirements. <p>The committee discussed the finance report. MMcD provided in depth commentary and explanation in relation to the CCG's financial position and the rationale behind the CCG's likely case scenario (deficit of £1.591m).</p> <p>The committee were briefed on year-end arrangements. AOR and MMcD had joined a national briefing for NHS Chief Finance Officers and Finance Directors on 11th February 2021. The briefing included information on arrangements for year-end cash management. NHS finance teams were reminded of the need to make prompt payments to suppliers and have been asked to review aged creditors and to clear as much old debt as possible. CCGs were reminded of the March supplementary cash drawdown facility if further cash is required. AOR briefed the committee on allocation increases for CCGs in respect of COVID-19 expenditure, which will be based on estimated month 12 costs and actioned by 31st March 2021.</p> <p><i>The committee received the finance report and noted the summary points as detailed within the recommendations section of the report.</i></p> <p><i>HM left the meeting.</i></p>	
FR21/35	<p>QIPP Update Report – February 2021</p> <p>AOR presented a verbal update regarding QIPP.</p> <p>QIPP activity has been suspended to allow resources to be directed to the Mass</p>	

No	Item	Action
	<p>Vaccination programme and the COVID-19 pandemic response; therefore progress continues to be limited. Guidance in relation to the financial and contractual framework for 2021/22 has not yet been confirmed and the expectation is that block contract arrangements currently in place through the H2 (second half of the financial year: months 7-12) of 2020/21, will continue into the first quarter of the next financial year. The extent of the requirement for system working in the delivery of QIPP is also unconfirmed.</p> <p>The QIPP Check and Challenge appendices / storyboards will be shared with the Joint QIPP Delivery Group at its meeting on 23rd February 2021. QIPP projects in relation to CHC and Medicines Management are also being developed.</p> <p>The committee discussed the QIPP update and the approach to QIPP progression in the next financial year. It was noted that the CCG must ensure a state of readiness to proceed with QIPP projects once guidance for 2021/22 is available.</p> <p><i>The committee received this verbal update.</i></p>	
<i>Risk</i>		
FR21/36	<p>Finance & Resource Committee Risk Register</p> <p>MMcD presented the F&R Committee Risk Register and proposed the following updates:</p> <ul style="list-style-type: none"> The likelihood residual score and consequence residual score for risk FR0011 (in relation to non-delivery of the CCG's Control Total [£0.9m surplus] / statutory duty [breakeven]) is to be reduced from 4x5 to 3x3. This is in line with the risk matrix rationale, as the overall financial pressure is now below £1m and the likelihood of the risk materialising has reduced. The financial pressure is at £700k after the expected additional funding from the C&M HCP. The likelihood residual score and consequence residual score for sub-risk FR0011a (in relation to the CCG not fully delivering its planned QIPP target in 2020/21) is to be increased from 4x4 to 5x5. This is in line with the risk matrix rationale, as the CCG is almost certain to have missed its QIPP target by over £2m. <p>The committee agreed the proposed changes; the risk register is to be updated accordingly.</p> <p><i>The committee approved the F&R Risk Register subject to the agreed amendments to risk FR0011 and sub-risk FR0011a.</i></p>	MMcD / TK
<i>IT</i>		
FR21/37	<p>IT Update</p> <p>MMcD provided a verbal update on IT and noted that a digital year-end report will be presented at the next F&R Committee meeting on 17th March 2021. There will also be a digital related item on the agenda for the Governing Body Development Session on 3rd March 2021.</p>	

No	Item	Action
	<i>The committee received this verbal update.</i>	
<i>Committee Governance</i>		
FR21/38	<p>F&R Committee Training Needs Analysis</p> <p>HN introduced this item, noting that one of the recommendations for the committee following the CCG governance review (undertaken by Niche in 2020) was that, 'members should have access to training to strengthen their understanding of the level of financial scrutiny required. Development sessions should also be considered for members who do not have a financial background on technical areas'. HN had contacted committee members in January 2021, asking for comments in relation to a training needs analysis. She briefed the committee on the responses received.</p> <p>It was noted that there were two aspects to the training required: 1) training on technical areas; and 2) training on softer / behavioural skills in terms of undertaking a deep dive into data. FLT confirmed that training on softer / behavioural skills would be provided at an upcoming Governing Body Development Session and would also be extended to the wider CCG as part of the NHS People Plan actions and Organisational Development agenda. It was agreed for this training session(s) to take place before the committee consider what else is required in terms of behavioural skill training.</p> <p>The committee had an extensive discussion regarding training on technical areas, incorporating development sessions and the frequency of those sessions. The following was agreed:</p> <ul style="list-style-type: none"> • An F&R Committee development session is to be arranged to take place every quarter. • The session is to take place directly before the main F&R Committee meeting for half an hour or longer depending on the topic to be covered. • Key areas of focus for the development sessions are to include the main finance report, the prescribing report, QIPP and CHC. • CCG staff external to the committee (such as members of the finance and prescribing teams) could be invited to support / present at development sessions. • The first development session is to be arranged to take place on 17th March 2021, directly before the F&R Committee meeting. <p>HN, MMcD and TK are to discuss the scheduling of the development sessions and the topic for the first session in March.</p> <p><i>The committee received this verbal update regarding a training needs analysis and agreed on a plan for development sessions on technical areas.</i></p>	HN / MMcD / TK
Closing business		
FR21/39	<p>Any Other Business</p> <p><u>Circulation of F&R Committee Papers in March 2021</u></p> <p>Due to the month end reporting timeline in February 2021 and workload pressures on the finance team, the F&R meeting pack was circulated later than usual (on the Friday before the meeting) following the Chair's approval. MMcD</p>	

No	Item	Action
	noted that March would have the same timeline and similar workload pressures, and therefore requested the committee's approval for an extension to the circulation deadline for meeting papers. The committee agreed to an extension and noted that the meeting papers would be circulated on Friday 12 th March 2021.	
FR21/40	Key Issues Review MMcD highlighted the key issues from the meeting, which will be presented as a Key Issues Report to Governing Body.	
	Date of next meeting: Wednesday 17 th March 2021 10.30am to 12.30pm Microsoft Teams	

Approved

Joint Quality and Performance Committee NHS Southport and Formby CCG & NHS South Sefton CCG Minutes

Thursday 26th November 2020, 9am to 12noon
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	BP
Jane Lunt	Chief Nurse (Secondment from LCCG), SSCCG/SFCCG	JL
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Ehsan Haqqani	Interim Primary Care Quality Lead, SSCCG/SFCCG	EH
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Paul Shillcock (for agenda items 20/181 and 20/182 only)	Primary Care Informatics Manager, IMerseyside	PS
Billie Dodd	Deputy Director of Commissioning and Delivery, SSCCG/SFCCG	BD
Ally Dwyer (for agenda item 20/189 only)	Business Intelligence Analyst, SSCCG/SFCCG	AD
Sejal Patel (for agenda item 20/195 only)	Lead Pharmacist, SSCCG/SFCCG	SP
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Jennie Piet	Programme Manager Quality and Performance, SSCCG/SFCCG	JP
Dr Doug Callow	GP Quality Lead/GB Member, SFCCG	DC
Cameron Ward	Interim Director of Strategy and Outcomes, SSCCG/SFCCG	CW
Minutes		
Michelle Diable	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance Committee or Vice Chair.
 Lay member (SF) or Lay member (SS)
 A CCG Officer (SF)
 A CCG Officer (SS)
 A governing body clinician (SF)
 A governing body clinician (SS)

Membership Attendance Tracker

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20
Dr Rob Caudwell	GP Governing Body Member (Chair)	A	N	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓
Graham Bayliss	Lay Member for Patient & Public Involvement	A	N	✓	A	✓	V	V	✓	✓	✓	A	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement		N	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	N	A	A	✓	V	V	A	✓	✓	A	✓	A
Karl McCluskey	Director of Strategy and Outcomes	D	N	D	A	D	V	V	A	A	A	A		
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)		N											
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	N	✓	✓	✓	V	V	✓	✓	A	✓		✓
Martin McDowell	Chief Finance Officer	A	N	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	N	A	A	A	V	V	A	A	A	A	A	A
Jane Lunt	Chief Nurse (on Secondment from LCCG)	✓	N	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	A	N	✓	✓	✓	V	V	✓	✓	✓	✓	A	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	N	A	A	A	V	V	✓	✓	A	✓	✓	✓

No	Item	Action
General		
20/179	<p>Welcome and Apologies for Absence</p> <p>The Chair welcomed all to the meeting. Apologies for absence were noted from Susanne Lynch, Jennie Piet and Dr Jeffrey Simmonds.</p>	
20/180	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> • Declarations of interest were received from CCG officers who hold dual posts in both South Sefton CCG and Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. • A declaration of interest was highlighted by Dr Rob Caudwell in relation to agenda Item 20/191, Primary Care Quality Update – Complaints Review. It was noted that his interest did not constitute any material conflict of interest with this item on the agenda. 	
20/181	<p>Electronic Palliative Care Co-ordination Systems (EPaCCS) Update</p> <p>Brendan Prescott explained an EPaCCS update has been requested as part of the Committee's work plan. Paul Shillcock had therefore, been invited to provide a verbal update on the project.</p> <p>Paul Shillcock advised that the EPaCCS project is no longer live. Share2Care Care was implemented last year which includes EPaCCS data set. This has been shared with local Trusts. There are 4 practices however, that do not participate in the scheme. Dr Rob Caudwell requested further detail from Paul Shillcock in relation to the practices who are not participating in the Share2Care Care scheme.</p> <p>The Committee were asked if they were in agreement that the project is complete and should be closed down. This was agreed.</p> <p>Dr Gina Halstead highlighted that out of date templates on the EMIS system is an increasingly challenging issue. Paul advised that there is a core set of templates with version control in place. There are limitations as the onus is on practices to ensure that their own local templates are up to date. The process works by informing practices of the most up to date version to ensure that all practices are using the most recent version. Dr Gina Halstead suggested branding practice's own local templates to help distinguish local templates from corporate templates.</p>	

No	Item	Action
	<p>Dr Rob Caudwell suggested creating a folder containing approved templates with practice agreements and for the facilitators to ensure it is kept up to date and to archive any out of date templates.</p> <p>Dr Rob Caudwell noted that some practices instruct Ardens Health Informatics Limited to ensure that templates are up to date.</p> <p>Outcome: The Committee noted the Electronic Palliative Care Co-ordination Systems (EPaCCS) verbal update and agreed that the EPaCCS project can be closed down.</p>	
20/182	<p>Update on Digital Funding Streams 20/21</p> <p>Paul Shillcock introduced this item. He informed that there are 3 standard digital funding streams – Digital First, GPIT and Estates and Transformation Funding (ETTF). The paper provides an update on the current CCG position in regard to the 3 funding streams. Due to Covid 19, these funding streams have not operated in a standard manner and at the outset of the pandemic, funding was set aside to provide urgent equipment to CCGs and GP practices to allow them to deal with the digital requirements. This funding provided GP practices with additional laptops, headsets and webcams.</p> <p>It was noted that a new appointment has been made in relation to digital inclusion. The appointee has not yet commenced in post.</p> <p>A question was raised about what is in place to dispose of out of date IT equipment. It was noted that there is a 4 year replacement cycle in relation to printers. Out of date printers have data removed from them and subsequently scrapped as consumables can be expensive.</p> <p>Dil Daly enquired about possibility of referring the Sefton partnership for senior citizens to digital inclusion. Paul Shillcock confirmed that this was acceptable and that IMerseyside aim to link in with as many patients as possible to understand their requirements and optimise the available funding.</p> <p>Paul Shillcock informed of a bid for innovation zones. IMerseyside was aiming to provide IT training on a drop in basis in public places such as libraries, however this was opposed due to the implementation of social distancing restrictions during the pandemic.</p> <p>The Committee noted the issues in relation to the increasing incorrect usage of the eConsult facility. A suggestion was made for IMerseyside representatives to attend the Bootle Primary Care Network meeting to better understand the issues and seek to address them by suggesting alternative avenues for patients to access the information they require.</p> <p><u>ETTF</u></p> <p>The CCG has recently been informed that ETTF funding will not be available this financial year as this funding has been used to provide IT equipment at the outset of the Covid 19 pandemic.</p>	

No	Item	Action
	<p><u>Digital First</u></p> <p>Provisional approval has been received for some bids. Costs indicated are shared costs with NHS South Sefton CCG and NHS Southport and Formby CCG and are summarised in the report.</p> <p><u>NHS Southport and Formby CCG</u></p> <p><u>GPIT</u></p> <p>GPIT is primarily meant for refresh of GP practice PCs and laptops. Bids have been submitted bids for PCs, laptops and general IT equipment refresh up to these amounts and have received provisional feedback that these will be accepted. The bid for NHS Southport and Formby CCG is for £ £83,347.53. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.</p> <p><u>NHS South Sefton CCG</u></p> <p><u>GPIT</u></p> <p>The bid for NHS South Sefton CCG is for £111,088.00. This will cover a refresh of desktop PCs and laptops in GP practices and provide a small quantity of scanners, printers and monitors to replace any condemned equipment.</p> <p>Outcome: The Committee noted the Update on Digital Funding Streams 20/21.</p>	
20/183	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following 2 amendments to be made to the minutes, they were agreed as a true reflection of the previous meeting held on 29th October 2020.</p> <ul style="list-style-type: none"> • Page 5 of the minutes, agenda item 20/166, Action Tracker and Matters Arising, 3rd sentence of 5th paragraph to be changed to <i>it had been highlighted to the new named GP for Safeguarding – Bryony Kendall.</i> • Page 8 of the minutes, agenda item 20/166, Action Tracker and Matters Arising, 1st sentence of the 3rd paragraph to read <i>Jane Lunt advised that she has received assurance from Alder Hey NHS Foundation Trust that Alder Hey's 24/7 crisis line is accessible and will be responded to.</i> <p>Dr Gina Halstead referred the Committee to the previous minutes, to agenda item 20/168, Clinical Director Quality Update where a discussion was held in relation to providing a clear message to the public, advising that primary care services remain open during the Pandemic. Gina informed that she has been requested by the CCG's Communications Team to create a video message in relation to primary care services remaining open during the pandemic. Gina noted that there is some confusion around this and wished to highlight that the message she wishes to portray is not to promote primary care services, but to advise that practices remain open to patients for them to be able to access their usual primary care services. Patients are being asked to book a telephone consultation and to self-refer to services where possible.</p>	

No	Item	Action
	<p>Graham Bayliss explained that confusion had arisen as some members of the public were not aware that GPs were still practicing during the pandemic and he advised that there needs to be a nuance message portrayed that is consistent and clear, so that patients are aware of what services are available and that GPs are still practising during the pandemic.</p> <p>The key issues from the previous meeting were agreed as being accurate.</p>	
20/184	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> • Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam James in relation to the Walton Centre's recovery plan. Sam James had been on leave and therefore the information has not yet been received by the CCG.</p> <p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre.</p> <p>It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <p>Cameron Ward informed that he has met with Sam James but is awaiting further information to progress. Cameron advised that he would follow this up in advance of the next meeting and provide an update.</p> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives who have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p>Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p> <p>It was highlighted that this issue poses a significant clinical risk. GPs are not always advised if a patient is pregnant as they can self-refer.</p>	BD

No	Item	Action
	<p>Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>Following a meeting with Claire Fitzpatrick – Head of Midwifery at Liverpool Women’s NHS Trust, Jane Lunt informed that work is taking place to improve the Trust’s approach in terms of booking and what they do remotely. In addition the Trust will work with Liverpool, Knowsley and Sefton and will engage with primary care to work through the EMIS issues including information sharing. The Trust is working to mitigate the current issues but looks to use a new IT clinical system.</p> <p>It was noted that the Committee welcomes the opportunity to work with the Trust to help shape the future but requests assurance around the current clinical risk in relation to the prescribing issues which are occurring as a direct result of Midwives not being trained to use EMIS.</p> <p>Fiona Taylor explained that she will formally write to the Trust highlighting the concerns raised by the Committee and will request assurance specifically in relation to mitigating the current clinical risk.</p> <p>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women’s Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <ul style="list-style-type: none"> • Agenda Item 20/96 Joint Targeted Area Inspection (JTAI) Action Plan <p>(iv) Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</p> <p>(v) Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG’s Chairs.</p> <p>In relation to the above 2 actions, it was noted that this relates to a broader discussion at Governing Body. It was highlighted that there is a gap in attendance from Alder Hey NHS Foundation Trust. There is no gap in attendance from Mersey Care NHS Foundation Trust (Community), Liverpool University Hospitals NHS Foundation Trust or the Walton Centre.</p> <p>Brendan Prescott and Dr Rob Caudwell to ascertain which clinicians attend the CQPG meeting, who should attend and who needs to attend the meeting and to understand what is required going forward. Dr Rob Caudwell advised that he would identify clinicians to attend the CQPG meetings going forward.</p> <p>Discussion in relation to CQPG meeting attendance was held. Alder Hey CQPG meeting attendance was queried and if this is incorporated in Dr Wendy’s Hewitt’s work plan. Brendan Prescott advised that he would follow this up with Dr Wendy Hewitt.</p>	<p>JL/FLT</p> <p>BP</p>

No	Item	Action
	<p>Brendan highlighted the need to formalise work plans for GP safeguarding clinical leads. Martin McDowell suggested having a discussion on the formalisation of clinical lead's work plans at the next Governing Body development session.</p> <p>Dr Rob Caudwell and Brendan Prescott to meet to review CQPG meeting representation.</p> <ul style="list-style-type: none"> • Agenda Item 20/97 Engagement and Patient Experience Group (EPEG) Key Issues <p>(i) Dr Rob Caudwell to contact IMerseyside to request a list of approved applications.</p> <p>Dr Rob Caudwell advised that the bidding process has been completed in relation to Digital First funding and the results should be known by mid October 2020. Martin McDowell updated that the bids have been approved and there would be an update provided at the Finance and Resource meeting later that day. He explained that he would request a paper be presented to the Committee by Paul Shillcock.</p> <p>It was noted that this was addressed under agenda item 20/182, Update on Digital Funding Streams 20/21. Action completed.</p> <p>Martin McDowell to contact Louise Taylor to obtain a position statement and share it with the Committee. It was noted that the validity of sharing information was to be discussed, and the action was therefore deferred to next meeting for Martin McDowell to follow up with Louise Taylor. Martin McDowell advised supplier reliability is required and that Angie Price's team is working on this. Martin McDowell updated that a paper is to be presented by Jan Leonard and Angie Price to Leadership Team in the next few weeks.</p> <p>(ii) Dr Gina Halstead to contact Tracey Jeffes via email, copying in Dil Daly, to request support and advice from the Social Prescribing Team in relation to the suggestion of having IT champions at practices, for patients who require basic computer literacy support.</p> <p>Dr Gina Halstead advised that she had met with Jon Devonport from IMerseyside. She informed that Jon will be addressing inequalities and the lack of IT access. It was noted that this Committee will be required to focus on digital inclusion and address exclusion. It was suggested inviting Jon Devonport to a future Committee meeting to provide an overview. Martin McDowell to contact Jon Devonport to provide an overview on the work he is doing to this Committee.</p> <p>Dil Daly advised that this has been followed up by Tracy Jeffes. He referred to his suggestion made earlier in the meeting, linking in with the digital inclusion lead and with digital champions via Primary Care Network meetings to cascade IT training for patients.</p> <p>The Committee noted that some patients find it easy to participate in a video consultation but experience difficulties in providing digital photographs to their GP. It was noted that being able to provide digital photographs would be beneficial to avoid patients presenting at the practice during the pandemic.</p>	RC/BP

No	Item	Action
	<ul style="list-style-type: none"> • Agenda Item 20/104, Deputy Chief Nurse Report <p>(i) Jane Lunt to raise the concern in relation to inappropriate information being sent to patients from Community Paediatrics at Alder Hey NHS Foundation Trust at the next CF meeting.</p> <p>Jane Lunt to follow this up at the Alder Hey NHS Foundation Trust CQPG meeting in October 2020. Jane Lunt advised that there is a lot of internal work taking place within the Trust in relation to community paediatrics to improve the model of service delivery. Jane informed that she is meeting with Lisa Cooper to follow this up to understand the detail.</p> <p>Jane Lunt advised that a meeting has taken place and a follow up meeting is to take place. There is a wider piece of work going on and Alder Hey NHS Foundation Trust is aware of the issue and is acting upon it.</p> <p>Dr Gina Halstead noted that she has seen evidence of better quality and more focused advice being provided to patients from Alder Hey NHS Foundation Trust.</p> <p>Action closed.</p> <ul style="list-style-type: none"> • Agenda Item 20/160, Any Other Business <p>Helen Roberts informed that JMOG had raised a concern in relation to the EMIS system. It was noted that out of date protocols and templates need to be removed from EMIS. It was highlighted that this issue will be followed up at the CRG meeting to request that the group include protocols and templates in their terms of reference and consider support from the Information Facilitators to remove out of date protocols and templates from GP clinical systems.</p> <p>(i) Dr Rob Caudwell to raise the issue of out of date protocols and templates forms being removed from EMIS.</p> <p>Dr Rob Caudwell advised that the old forms will be replaced by the new forms. The process in relation to out of date protocols is more complex as they are required to be cascaded to the information facilitators to remove the old protocols. He advised that he would contact Octavia Stevens, the Cancer Leads, Paul Ashby and IMerseyside to progress this and will provide an update at the next meeting.</p> <p>Dr Rob Caudwell advised that this issue was discussed earlier in the meeting and is being addressed by Paul Shillcock in relation out of date templates.</p> <p>It had been noted that 7 risks requiring closure were discussed at Audit Committee where it was suggested that they be discussed at Leadership Team as some moderation work is required. Following this it was noted that risks need to be reviewed to ascertain which ones can be consolidated.</p> <p>It was also noted that a piece of work is being undertaken to review the risk register to ensure consolidation and moderation that links back to GBAF and the Corporate Risk Register. The importance of owning risks was highlighted. Risk refresher training is to take place across the organisation. Fiona Taylor to take forward the action of convening an organisational risk development session in December 2020.</p>	

No	Item	Action
	<p>It was noted that the risk development session has been postponed, however the action can be closed.</p> <ul style="list-style-type: none"> • Agenda Item 20/171, Integrated Performance Committee <p>Dr Gina Halstead had referred the Committee to the HCAI section of the report and noted that Clostridium difficile numbers had reduced but E.coli infection rates had increased and requested some explanative information. Martin advised that focus will be made around this in the next IPR report.</p> <p>It was noted the Business Intelligence team had contacted Dr Gina Halstead regarding her observation in relation to Clostridium and E.coli data. They informed that there is no explanation but an evolving picture. Action completed and closed.</p>	
20/185	<p>System Update – Covid 19</p> <p>Jane Lunt informed of the impact of the high number of infections being received in the community which has placed a greater demand on primary care and secondary care services.</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust has had 95 % - 98% bed occupancy in recent weeks but has reduced to approximately 80%. The Trust had up to 400 Covid 19 positive patients, there are 200 currently. The Trust has maintained discharges throughout the pandemic. Some elective activity has been reduced. Mutual aid is in place with Spire, Liverpool Women’s Hospitals NHS Trust has taken breast cancer surgery patients and the Walton Centre has taken stroke patients.</p> <p>There are additional beds in Abbeystead care home at the Aintree Hospital site, this is being used as a step down for Liverpool University Hospitals NHS Foundation Trust.</p> <p>Nightingale hospital has reopened in Manchester.</p> <p>Staff testing in Trusts has had a negative impact on staffing capacity as some staff are asymptomatic and have therefore had to self-isolate. However this piece of work was required to reduce the nosocomial infections. Liverpool has undertaken a mass testing pilot for its residents and those who work in Liverpool and by default, is testing people from other boroughs which is helping to inform forward planning. Mass testing is to continue in a different form and is being expanded across Liverpool city region. Mass vaccinations are planned to be administered. A Government announcement is imminent advising of the new tier system.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>Billie Dodd provided an update following the Southport and Ormskirk Hospital System Management Group meeting which had taken place earlier that day where it was reported that there are 15 patients in ITU which is the highest level before they cease elective work. The Trust is on trajectory to meet the targets set out in the phase 3 letter. Lateral flow antigen testing kits have been sent out to staff members.</p>	

No	Item	Action
	<p>The Trust has received a good uptake in terms of reporting the results back. The Trust is seeing a reduction in Covid 19 admissions but an increase in Covid 19 long stay patients which do not match the admission criteria for Seacole beds or intermediate care. A piece of work is being undertaken by the A&E Delivery Board to address this. The Trust is engaged with daily gold meetings and until recently were offering ITU bed capacity to other Trusts but is currently unable to do that.</p> <p>A question was raised in relation to the required testing frequency for primary care staff. It was noted that it is tier dependent. Staff testing is required to be undertaken weekly under Tier 3.</p> <p>Outcome: The Committee noted the verbal System Update – Covid 19.</p>	
20/186	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which seeks to update the Committee with key issues that have occurred since the last report presented in October 2020. The paper was taken as being read and the following points were highlighted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust is in receipt of support in relation to enhanced surveillance. A CQC report following the Single Item Quality Surveillance Group inspection and the whistleblowing alerts is awaited.</p> <p><u>Southport and Ormskirk Hospital NHS Trust</u></p> <p>It was noted that over the last 5 days there have been no further Covid 19 outbreaks. The spinal unit remains closed. Further assurance to highlight that the Trust is reviewing the patient lists to minimise harm was sought at the November CQRM with a paper agreed for December 2020. The Trust is working with an insourcing provider to deal with patient backlog and overdue review patients.</p> <p><u>Mersey Care NHS Foundation Trust (Community)</u></p> <p>Absence levels amongst clinical staff remain a concern for the provider. It was recognised the future model of the phlebotomy service provision will require contract activity to shift out of secondary and into community service in order to achieve the desired performance levels.</p> <p><u>Mersey Care NHS Foundation Trust (Mental Health)</u></p> <p>Gaps in assurance have been highlighted and an update is expected at the next CQPG meeting.</p> <p>Dr Gina Halstead wished to raise a concern in relation to the lack of support from Mersey Care NHS Foundation Trust in relation to ASD patients. She informed that this has been raised at the Mersey Care NHS Foundation Trust's Collaborative Commissioning Forum but has not been addressed.</p>	

No	Item	Action
	<p>Jane Lunt informed that in recent weeks there has been a series of meetings with the Trust and some progress has been made in terms of the service. The CCGs are supporting the Trust and are providing funding to put additional capacity in to the service, during which a long term solution is be worked on.</p> <p>The Trust's executives are now fully sighted on this and progress is expected to be seen over the next few months. Work has already commenced with the local authority in relation to social care.</p> <p>Tracey Forshaw informed that this issue is being scrutinised at the Mersey Care NHS Foundation Trust Mental Health CCQRM in terms of their approach, mitigation and waiting list management.</p> <p><u>North West Boroughs Healthcare NHS Foundation Trust</u></p> <p>There are gaps in assurance for inpatient mental health wards. Changes at senior leadership level were noted; recent suicides and the subsequent downgrading of the CQC rating in one domain of a core service and the transition process to bring the Trust and Mersey Care NHS Foundation Trust together as one organisation.</p> <p>The Chief Executive at North West Boroughs Healthcare NHS Foundation Trust does not want to include the risks of transaction with Mersey Care NHS Foundation Trust (Community) as part of the enhanced surveillance. The Accountable Officer at NHS Knowsley CCG will be clarifying with the Director of Nursing at Cheshire and Mersey on inclusion criteria for the enhanced surveillance process and will meet with the Chief Executive at North West Boroughs Healthcare NHS Trust. There was an agreed focus on organisational learning to embed consistently.</p> <p><u>DMC Healthcare</u></p> <p>A number of actions have been taken to build on the work the CCG had already agreed with DMC Healthcare following the issue of the contract performance notice. Actions and improvement performance are being closely monitored at the DMC Healthcare CQRM.</p> <p><u>Testing of asymptomatic staff</u></p> <p>All frontline clinical staff across the local system providers will be tested on a twice weekly basis with the form of tests to include the lateral flow antigen tests. This will result in a rapid turnaround of results to aid the providers in workforce planning and IPC measure in working with Covid 19.</p> <p><u>Continuing Health Care Deferred Assessment</u></p> <p>An operational group to report in to the North Mersey Deferred Assessment Group has been established by the CCGs, to provide traction against the performance trajectory of completion of all continuing health care deferred cases by 31st March 2021. Operational issues will be escalated to the steering group to support the programme of work. A complaints process has been developed to ensure cases will arrive at a single point for management given the number of organisational stakeholders involved.</p>	

No	Item	Action
	<p><u>Covid 19 and Care Homes</u></p> <p>The number of positive Covid 19 cases had reached a peak over the last few days, numbers are slowly reducing.</p> <p><u>Quality Accounts</u></p> <p>Formal letters have been sent to all respective providers following their draft quality accounts submissions including feedback from the CCGs.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
20/187	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead highlighted the following:-</p> <p>Concern raised earlier in the meeting in relation to excessive inappropriate electronic access to primary care practices.</p> <p>As part of her video message for patients, Dr Gina Halstead intends to highlight the good work being undertaken by the reception staff during challenging times.</p> <p>The ERS directory of services is not being kept up to date. Primary care services need to be regularly communicated with so they are aware of what provider services are available so they can in turn, refer their patients correctly. It was noted that a directory of services pertaining to Mersey Care NHS Foundation Trust was implemented by the CCG and is working well. Dr Rob Caudwell advised that he will adapt the template for use at his practice.</p> <p>Dr Gina Halstead advised that she will raise the out of date directory of service issue via email with the Primary Care/Secondary Care Interface Group and copy in Terry Hill.</p> <p>Action: Dr Gina Halstead to email the Primary Care/Secondary Care Interface Group and copy in Terry Hill in relation to the issue of out of date directory of services.</p> <p>Billie Dodd advised that she will raise the out of date directory of services issue at the Southport and Formby System Group meeting.</p> <p>Action: Billie Dodd to raise the out of date directory of services issue at the Southport and Ormskirk Hospital NHS Trust System meeting.</p> <p>Dr Rob Caudwell noted an issue in relation to referrals to Renacres Hospital whereby patients have been given an appointment within a week and then are being advised by Renacres Hospital to self-isolate for 2 weeks before their appointment. The GP is subsequently being asked to re refer them. Billie Dodd advised that she will raise this when she meets with Renacres Hospital.</p> <p>Action: Billie Dodd to raise directly with Renacres Hospital the referral issues highlighted by Dr Rob Caudwell.</p>	<p>GH</p> <p>BD</p> <p>BD</p>

No	Item	Action
	<p>Dr Gina Halstead referred the Committee to an email she received from the CCG in relation to stepping down chronic disease management and IT support which was well received. She explained that this will allow primary care to free up practice nurses and HCAs to help with administering Covid 19 vaccinations.</p> <p>Dr Rob Caudwell highlighted issues being experienced in relation to the management of vaccination programme implementation. He explained that information was in the public domain before being shared with primary care.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	
20/188	<p>Care Home Group Update</p> <p>Ehsan Haqqani introduced this item. He informed that there are care home meetings taking place three times each week. There are regular reviews taking place and support is being provided to care homes. There are weekly outbreak meetings and it was noted at the last meeting the number of outbreaks had decreased slightly and was down to 27. Trends continue to be monitored. National guidance is being interpreted and localised. Advice and guidance in relation to visiting is being provided. There are a variety of options to facilitate visiting depending on the care home's physicality and the number of outbreaks.</p> <p>It was noted that Safer Steps falls programme funding has been confirmed for a year. The programme will be rolled out as a pilot in December 2020 in some care homes and expanded further in April 2021.</p> <p>Ehsan advised that he will present a formal care home report to the Committee in January 2021. In addition, he will keep the Committee fully sighted with updates at each meeting.</p> <p>A question was raised in relation to the number of Covid 19 outbreak deaths in the second wave and if there were similar numbers in the first wave of the virus. It was noted that there are no comparisons being made currently. Ehsan advised that he will discuss this aspect and the impact at the care home meetings and obtain some detail.</p> <p>It was highlighted that the criteria for hospital admissions were high in the first wave and therefore, many people died in their own home or in care homes. Ehsan advised that the criteria is continuously being modified and depends on the number of hospital admissions. The Committee noted that there are many compounding factors, for example it may be appropriate for someone who is very frail that has Covid 19, to remain in their own home or in their care home rather than move them in to hospital. Care homes have benefited from the increase in the testing programme. This has resulted in more incidents of Covid 19 being reported. More information is known about the virus than in the first wave. Work is being undertaken by public health colleagues in relation to the collation of Covid 19 data that could be accessed.</p> <p>Brendan Prescott advised that updates are being provided by Mersey Care NHS Foundation Trust's IPC team in relation outbreak data and there appears to be fewer deaths in the second wave. Staff isolation following testing was not being undertaken in the first wave.</p>	

No	Item	Action
	<p>It was highlighted there are some positive aspects to note in relation to what has been achieved in the management of Covid 19, such as the introduction of hot hub virtual wards, the use of telehealth and technology to support patients to learn how to manage their own health care.</p> <p>Outcome: The Committee noted the Care Home Group Update.</p>	
Quality and Performance		
20/189	<p>Integrated Performance Report</p> <p>Ally Dwyer introduced this report which seeks to provide summary information on the activity and quality performance of NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups at month 6, September 2020.</p> <p>The following points were highlighted:-</p> <p>The data provided in the report is pre second wave of Covid 19.</p> <p>Diagnostics and Referral to Treatment has improved. 52 week waiting lists are increasing. Weekly meetings are taking place to monitor this and prioritise the most vulnerable patients and prevent further breaches.</p> <p>A&E 4 hour target remains under target for both CCGs and Trusts. There is an increase in ambulance handovers at Liverpool University Hospitals NHS Foundation Trust so therefore a decline. There is improvement in ambulance handovers at Southport and Ormskirk Hospital NHS Trust. There has been an improvement in achieving the stroke targets at Southport and Ormskirk Hospital NHS Trust.</p> <p>Issues are being experienced in obtaining up to date data from Liverpool University Hospitals NHS Foundation Trust. The performance lead at NHS Liverpool CCG is reluctant to follow this up due to the current Covid 19 pressures on the Trust. However assurances are required in relation to stroke targets.</p> <p>HCAI is over plan for NHS Southport and Formby CCG. NHS South Sefton is under plan as is Liverpool University Hospitals NHS Foundation Trust. The number of E.coli infections is over plan for both CCGs.</p> <p>An unexpected death in relation to IAPT recovery was noted in the previous month. The lead agency to complete an RCA and the CCG's Quality Team were notified.</p> <p>NHS Southport and Formby CCG continues to achieve recovery. NHS South Sefton CCG does not. A possible explanation may be due to the difference in populations.</p> <p>ADHD is under plan for 12 weeks but is achieving in 30 weeks. Improvements have been made in relation to CAMHS waiting times.</p> <p>The Committee noted the key risk as being the long waits and the need for assurance from Trusts in relation to their clinical risk management.</p>	

No	Item	Action
	<p>Brendan Prescott highlighted that there is a dip in some E.coli infections and a rise in others. The infection numbers are higher and this will be raised at the North Mersey Gram Negative Blood Stream Infection Reduction Group. Brendan advised that he intends to meet with Susanne Lynch to explore prescribing rates over the last 9 months, the findings of which will be reported to Cheshire and Merseyside meeting.</p> <p>The rise in the number of requests for primary care rescue packs for COPD patients was highlighted as a concern. COPD patients requesting the rescue packs are being advised to also have a Covid 19 test.</p> <p>Rob Caudwell noted that the CCGs continue to monitor performance in line with the national target indicators. He highlighted that the targets were set pre Covid 19. He queried if something could be done locally so that more relevant aspects could be monitored during the pandemic such as cancer diagnostics and mental health.</p> <p>Outcome: The Committee noted the Integrated Performance Report.</p>	
20/190	<p>CCG Safeguarding Team Q2 (2020-21) Safeguarding Quality Schedule update and Quarterly Safeguarding Update</p> <p>Natalie Hendry-Torrance introduced this item which seeks to provide the Committee with an update on developments and updates in respect of the safeguarding adults and children agendas during Q2 and the ongoing Covid 19 pandemic.</p> <p>The following exceptions were highlighted:-</p> <p>From quarter 1 of this year the oversight for the assurance of the safeguarding submissions for Liverpool University Hospitals NHS Foundation Trust and Mersey Care NHS Foundation Trust were transferred to NHS Liverpool CCG safeguarding service which is why it is not contained in the report.</p> <p>All Trusts submitted their KPI templates for this quarter. In conjunction with colleagues from NHS Liverpool CCG safeguarding team, the Q2 safeguarding provider assurance return was reinstated after being 'stood down' in the previous two quarters as a response to Covid 19 business continuity planning.</p> <p>There is a variance in degree of non-compliance in the training thresholds. No Trusts have achieved full compliance. This is mainly because some of the safeguarding training is required to be delivered face to face and due to Covid 19 restrictions, this has not been possible. A Task and Finish Group was implemented focusing on compliance. A joint workshop session was held with the Trusts. There was good representation at the session which was deemed as being a positive workshop where different training delivery methods and support were discussed.</p> <p><u>Learning Disability Mortality Review (LeDeR)</u></p> <p>LeDeR activity remains very high. There are processes in place to support this such as the implementation of a Task and Finish Group and a Steering Group.</p>	

No	Item	Action
	<p>A business case in relation to the LeDeR programme to support sustainability of the programme to meet CCG's contractual compliance is to be submitted by Mersey Care NHS Foundation Trust and will be tabled at the Mersey Care NHS Foundation Trust's CCQRM meeting in November 2020.</p> <p>Following an independent review into the Thomas Oliver McGowan's LeDeR Process that was published in 2020, a number of recommendations for CCGs were made. CCGs have been asked to rate themselves against the action plan, the details of which are outlined in the report.</p> <p>The LeDeR annual report has been published.</p> <p>The charring arrangements are to be confirmed for the North Mersey Steering LeDeR Group.</p> <p>Local Area Coordinator and Deputy with the Sefton LeDeR lead and this needs to be addressed.</p> <p><u>Safeguarding Children</u></p> <p>Following the CQC review of the Looked After Children and safeguarding update, there were 2 actions outstanding that have now been completed and the action plan is now green. The CCGs look to maintain this across Sefton.</p> <p>There is significant amount of activity detailed in the Local Safeguarding Children Board report. Also included in the report are the Merseyside Child Death and Overview Panel Annual Report.</p> <p>The ICON programme was launched in Sefton on 1st October 2020. The campaign is based upon preventing abusive head trauma in babies.</p> <p>There is an update included in the report in relation to the CCGs' Safeguarding Team's staffing capacity. The Designated Nurse for Children in Care is in addition to her role covering the Designated Clinical Officer for Children and Young People with SEND aged 0 to 25 years role on an interim basis.</p> <p><u>Safeguarding Adults</u></p> <p>Work continues with Merseyside Safeguarding Adults Board. Chapter 14 of the Care Act 2014 has been submitted achieving full compliance.</p> <p>There are a number of open safeguarding adult reviews and domestic homicide reviews detailed in the report.</p> <p><u>Children in Care</u></p> <p>The numbers of Children in Care is rising locally and nationally, however performance in the Children in Care service remains high and improved.</p> <p>Dr Rob Caudwell asked if there was any preparatory work being undertaken in relation to the impact of Covid 19, for example in response to the increase in domestic violence. He asked what is being put in place to meet the demands being placed on services, given that some issues will continue to rise post Covid 19 due to economic challenges.</p>	

No	Item	Action
	<p>Natalie Hendry – Torrance advised that it is recognised that hidden abuse exists. The CCG's Safeguarding Team are linked to all local partnerships and such information is being discussed as it comes through.</p> <p>Brendan Prescott noted that mental services waiting times are being monitored via the JTAI Improvement Plan meeting and the SEND CIB. He highlighted that Covid 19 impacts on service users as well as on staff. It is therefore difficult to plan ahead especially in terms of staffing capacity due self-isolation requirements.</p> <p>Brendan Prescott wished to formally thank Natalie Hendry – Torrance for the work she undertaken in respect of National Safeguarding Awareness Week. He also wished to formally thank Helen Case for the work she has undertaken resulting in improvements being made in relation to IHA performance.</p> <p>Brendan Prescott wished to highlight the good work undertaken by Tracey Forshaw in relation to LeDeR from both an area and a system perspective, there have been a lot of cases coming through and Tracey has co-ordinated work across the North Mersey system to ensure the NHSEI trajectory is met.</p> <p>Tracey Forshaw noted that since the safeguarding update report was written, Fiona Taylor has requested for a quarterly report to be presented to Leadership Team. The paper is expected to be presented at the next Leadership Team meeting and relates to commissioning as well as quality because of a subsequent paper following NHSEI's recommendations made in response to the Bristol Report published in September 2020, following the review of the 206 people that died during the pandemic. Work in relation to this has commenced, for example the implementation of virtual wards, pathways and mapping exercises. There is an expectation for GP's to review their DNA CPR arrangements for anyone with a learning disability on their register.</p>	
20/191	<p>Primary Care Quality Update – Complaints Review</p> <p>Ehsan Haqqani introduced this item which seeks to provide the Committee with a breakdown of complaints for Q1 and Q2 2020/21 for all complaints received by both CCGs. An analysis of the data and a breakdown of the numbers received are detailed in the report.</p> <p>From 1st April 2021 the CCGs began utilising the new Ulysses system instead of Datix. There is on-going development work being undertaken to improve the system. A rolling 13 month numbers of complaints will be used to analyse data. Covid 19 specific codes have been introduced to identify issues that have arisen as a direct result of Covid 19.</p> <p>The top most frequent occurring types of complaints relate to access to services and appointments, funding issues and discharge issues. A number of complaints were received related to decisions on continuing health care funding as well as access to services that were not funded.</p> <p>Outcome: The Committee noted the Primary Care Quality Update – Complaints Review.</p>	

No	Item	Action
20/192	<p>Complaints, PALS, MP Report - Quarter 1 & 2, 2020 – 2021</p> <p>Ehsan Haqqani introduced this item which seeks to provide the Committee with details of the contacts with both CCGs for Quarter 1 and 2 of 2020/2021 from patients, families, public and professionals.</p> <p>It was noted that the majority of complaints received are via PALS. NHSEI receive PALS complaints data. NHSEI's annual complaints report has not yet been received but when it is issued, it will be shared with the Committee.</p> <p>Fiona Taylor explained that the Committee has a responsibility for the oversight of complaints and following an independent governance review it was highlighted that the process currently in place, requires some refinement. The Ulysses reporting system is relatively new and provides quantitative data. Work is to be undertaken to understand the data that the system provides and what it means to the organisation therefore, providing more informative reports and thus enabling meaningful discussions going forward. The CCG's complaints processes and procedures will be included in the Governing Body development session where the accountability framework will be discussed providing clarification of respective responsibility.</p> <p>The Committee noted that the main category in relation to complaints received relate to continuing health care. This was highlighted in the recent independent governance review.</p> <p>It was noted that a quarterly complaints report will be presented to this Committee. Cumulative data will also be collated enabling comparative reviews to be made. The monthly Deputy Chief Nurse Report will capture the numbers of complaints in month thus ensuring the Committee is fully sighted and is regularly kept up to date. Going forward thematic reviews and lessons learned will be discussed by this Committee and key issues arising will be escalated to Governing Body.</p> <p>Outcome: The Committee noted the Complaints, PALS, MP Report - Quarter 1 & 2, 2020 – 2021.</p>	
20/193	<p>Joint Targeted Area Inspection (JTAI) Action Plan Update</p> <p>Brendan Prescott introduced this item which seeks to provide the Committee on progress made to the JTAI health action plan. The paper was taken as being read by the Committee.</p> <p>Fiona Taylor wished to thank Brendan Prescott for his leadership in relation to the JTAI action plan and for the good work undertaken and the progress made. The CCGs has been highlighted as having some exemplar practice. It was noted that an Ofsted visit is imminent.</p> <p>Brendan Prescott referred the Committee to the Children and Young Person's Plan and wished to highlight the 4 key priorities to be embedded in to practice are ensuring that children are happy, healthy, heard and achieving.</p> <p>Outcome: The Committee noted the Joint Targeted Area Inspection (JTAI) Action Plan Update.</p>	

No	Item	Action
20/194	<p>SEND Update</p> <p>Brendan Prescott presented this item on behalf of Kerrie France. The report seeks to update the Committee with health related actions in the Sefton SEND Improvement Plan and provide an overview of the SEND performance dashboard for August 2020.</p> <p>The Committee noted the following:-</p> <ul style="list-style-type: none"> • Progress made to actions 1 to 4 of the improvement plan and the focused work relating to actions 5 ahead of the DFE visit planned on 8th December 2020. • Arrangements are in place ensuring the Designated Clinical Officer role is covered. This is currently being covered by the CCG's Designated Nurse Children in Care. • Leadership and governance oversight arrangements are in place within the CCGs for SEND sub groups of the Board and improvement plan actions. • Approved risks and mitigated actions for the SEND partnership approved by SEND Continuous Improvement Board. • Good progress has been made. The partnership aims to maintain sustainability. • The importance of collaborative partnership working between the CCGs and Local Authority. <p>Outcome: The Committee noted the SEND Update.</p>	
Policies for Approval/Ratification		
20/195	<p>Non-Medical Prescribing Policy</p> <p>Sejal Patel presented the non-medical prescribing policy and requested approval from the Committee. The following points were noted:</p> <ul style="list-style-type: none"> • The LMC has confirmed their support of the policy. • The policy reduces any risk associated with non-medical prescribers. • Concern in relation to precarious liability and the impact on general practice. <p>Brendan Prescott highlighted that there is a requirement for employers to provide supervision to support to the non-medical prescribing workforce at practice level. He suggested that recognition be given in regard to the workforce that is continuously changing thus impacting on roles and responsibilities and therefore the specific support required.</p> <p>Outcome: The Committee approved the Non-Medical Prescribing Policy.</p>	

No	Item	Action
20/196	<p>Quality Impact Assessment Policy</p> <p>Mel Spelman presented the Quality Impact Assessment policy to the Committee for approval. Mel advised that the policy was due for review in September 2020 and the revised policy incorporates changes following the Project Approval Gateway process which has been developed by the Programme Management Office.</p> <p>An additional step has been incorporated in to the pathway whereby the project initiation document is developed by the project lead and presented to the Quality team for a high level review. Following this, it is then presented to CAG for further approval. A full quality impact assessment is requested as per the previous process.</p> <p>As in the previous policy, the Committee will be made aware of any risks scoring 8 or above via the escalation proforma.</p> <p>The templates have been amended making them more user friendly.</p> <p>It was queried that there is a strong emphasis on risk management and less on quality benefits. Mel advised that the project leads provide detailed narrative to the project initiation documents and includes current pathways and processes against what is being proposed, thus identifying the benefits.</p> <p>Brendan Prescott informed that following the incorporation of the additional step to the pathway, improvements have been noted and the risks if any, have been scoring low and therefore have not been required to be escalated to the Committee.</p> <p>Outcome: The Committee approved the Quality Impact Assessment Policy.</p>	
For Information		
20/197	<p>NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 7th October 2020. No comments were made.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
20/198	<p>NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 7th October 2020. No comments were made.</p> <p>Outcome: The Committee received the NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	

No	Item	Action
20/199	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Performance Improvement Group minutes and key issues from the meeting held on 25th September 2020. No comments were made.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
20/200	<p>Joint Targeted Area Inspection (JTAI) Action Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan minutes and key issues from the meeting held on 19th October 2020. No comments were made.</p> <p>Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues</p>	
20/201	<p>Engagement of Patient Experience (EPEG) Key Issues</p> <p>The Committee noted the EPEG key issues from the meeting held on 22nd October 2020. No comments were made.</p> <p>Outcome: Outcome: The Committee received the Engagement of Patient Experience (EPEG) Key Issues.</p>	
20/202	<p>Primary Care Committees in Common Minutes and Key Issues</p> <p>The Committee noted the Primary Care Committees in Common minutes and key issues from the meeting held on 16th July 2020. No comments were made.</p> <p>Outcome: The Committee noted the Primary Care Committees in Common minutes and key issues.</p>	
20/203	<p>Corporate Governance Support Group Key Issues</p> <p>The Committee noted the Corporate Governance Support Group Key Issues from the meeting held on 17th September 2020. No comments were made.</p> <p>Outcome: The Committee noted the Corporate Governance Support Group key issues.</p>	
Closing Business		
20/204	<p>Any Other Business</p> <p>Helen Roberts asked the Committee in relation to Medicines Management standard operating procedures, specifically if the medicines reconciliation in the hub dealing with community pharmacy queries, if approval of these can be delegated to Joint Medicines Operation Group. The Committee agreed.</p>	

No	Item	Action
	<p>Fiona Taylor informed the Committee in relation to the Annual Safeguarding Report being published on the CCG's website that would normally have been noted in the Governing Body Chief Officers report, however it was included in the Joint Quality and Performance Committee key issues report in September 2020.</p> <p>Fiona Taylor advised of an imminent review to ensure efficiency and effectiveness of the CCG's Committee meetings. The review will take in to account the findings following an independent external governance review that was recently undertaken. It is anticipated that the Corporate Governance Support Group will be discontinued as the CCGs seeks to confirm governance arrangements for the Joint Quality and Performance Committee.</p>	
20/205	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Inappropriate electronic access to practices by Sefton patients. 2) Review clinical lead attendance at CQPG/CCQRM. Need to ensure coverage. 3) Covid 19 update – secondary care numbers of Covid 19 admissions has peaked but Covid 19 long stay patients remain an issue. 4) Equality and Diversity issue for support on adults ASD diagnosis and onward support provided by Mersey Care NHS Foundation Trust. 5) Safeguarding Q2 report - noted decrease in training numbers as a consequence of Covid 19 and numbers of LeDeR cases. 6) A more detailed complaints report will come through to Joint Quality and Performance Committee on a quarterly with detailed coding and strengthening of roles of accountability to manage complaints. Monthly figures on complaints will be included in the deputy chief nurse report. 7) SEND plan presented and progress noted. 8) Non-Medical prescribing policy approved. 9) Quality Impact Assessment policy approved. 10) Issue of governance when providing updates to Governing Bodies and in order to publish safeguarding report on the CCG's website. This was included in September 2020 Joint Quality and Performance Committee key issues report. 11) There is a planned committee's functionality review to be undertaken on the efficiency and effectiveness of committees. 	
20/194	<p>Date of Next Meeting:- The next meeting is scheduled for Thursday 28th January 2021 at 9am – 12noon to take place via Microsoft Teams.</p>	

Joint Quality and Performance Committee NHS Southport and Formby CCG & NHS South Sefton CCG Minutes

Thursday 28th January 2021, 9am to 11am
Microsoft Teams Meeting

Attendees (Membership)		
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Martin McDowell	Chief Finance Officer, SSCCG/SFCCG	MMcD
Dr Doug Callow	GP Quality Lead / GB Member, SFCCG	DC
Dr Gina Halstead	GP Clinical Quality Lead / GB Member, Deputy Chair, SSCCG	GH
Dr Jeffrey Simmonds	Secondary Care Doctor, SFCCG	JS
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety, SSCCG/SFCCG	BP
Chrissie Cooke	Interim Chief Nurse, SSCCG/SFCCG	CC
Graham Bayliss	Lay Member, SSCCG	GB
Dil Daly	Lay Member, SFCCG	DD
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
Ex Officio Member		
Fiona Taylor (for part of the meeting)	Chief Officer, SSCCG/SFCCG	FLT
In attendance		
Ehsan Haqqani	Interim Primary Care Quality Lead, SSCCG/SFCCG	EH
Mel Spelman	Programme Manager for Quality and Risk, SSCCG/SFCCG	MS
Helen Roberts	Lead Pharmacist, SSCG/SFCCG	HR
Apologies		
Susanne Lynch	Head of Medicines Management, SSCCG/SFCCG	SL
Dr Doug Callow	GP Quality Lead/GB Member, SFCCG	DC
Billie Dodd	Deputy Director of Delivery and Commissioning, SSCCG/SFCCG	BD
Dr Rob Caudwell	GP Governing Body Member, Chair, SFCCG	RC
Tracey Forshaw	Assistant Chief Nurse, SSCCG/SFCCG	TF
Stephen Williams	Director of Strategic Partnerships, SSCCG/SFCCG	SW
Minutes		
Michelle Diabie	Personal Assistant to Chief and Deputy Chief Nurse, SSCCG/SFCCG	MD

For the Joint Quality and Performance Committee to be quorate, the following representatives must be present:

Chair of the Joint Quality and Performance Committee or Vice Chair.
Lay member (SF) or Lay member (SS)
A CCG Officer (SF)
A CCG Officer (SS)
A governing body clinician (SF)
A governing body clinician (SS)

Membership Attendance Tracker

✓ = Present A = Apologies N = No meeting D = Deputy V= received a virtual JQPC meeting pack

Name	Membership	Jan 20	Feb 20	Mar 20	Apr 20	May 20	June 20	July 20	Aug 20	Sept 20	Oct 20	Nov 20	Jan 21
Dr Rob Caudwell	GP Governing Body Member (Chair)	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓	A
Graham Bayliss	Lay Member for Patient & Public Involvement	✓	A	✓	V	V	✓	✓	✓	A	✓	✓	✓
Dil Daly	Lay Member for Patient & Public Involvement	✓	✓	✓	V	V	✓	✓	✓	✓	✓	✓	✓
Dr Doug Callow	GP Governing Body Member /Clinical Quality Lead	A	A	✓	V	V	A	✓	✓	A	✓	A	A
Karl McCluskey	Director of Strategy and Outcomes (Left CCG Sept 20)	D	A	D	V	V	A	A	A	A			
Debbie Fagan	Chief Nurse & Quality Officer (on Secondment)												
Dr Gina Halstead	Chair and Clinical Lead for Quality (Deputy Chair)	✓	✓	✓	V	V	✓	✓	A	✓		✓	✓
Martin McDowell	Chief Finance Officer	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓	✓
Dr Jeffrey Simmonds	Secondary Care Doctor	A	A	A	V	V	A	A	A	A	A	A	✓
Jane Lunt	Chief Nurse (Left CCG secondment Dec 20)	✓	A	✓	V	V	✓	✓	✓	✓	✓	✓	
Brendan Prescott	Deputy Chief Nurse and Head of Quality and Safety	✓	✓	✓	V	V	✓	✓	✓	✓	A	✓	✓
Fiona Taylor	Chief Officer Ex-officio member of JQPC Committee	A	A	A	V	V	✓	✓	A	✓	✓	✓	A
Stephen Williams	Director of Strategic Partnerships												D
Chrissie Cooke	Interim Chief Nurse												✓

No	Item	Action
General		
21/01	<p>Welcome and Apologies for Absence</p> <p>Chrissie Cooke introduced herself to the Committee as Interim Chief Nurse.</p> <p>Apologies for absence were noted from Dr Rob Caudwell, Stephen Williams, Billie Dodd and Dr Doug Callow.</p>	
21/02	<p>Declarations of Interest</p> <p>Committee members were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group.</p> <p>Declarations made by members of the Joint Quality and Performance Committee are listed in the CCG's Register of Interests. The register is available on the CCG website.</p> <p>Declarations of interest from today's meeting</p> <ul style="list-style-type: none"> Declarations of interest were received from CCG officers who hold dual posts in both NHS South Sefton CCG and NHS Southport and Formby CCG. It was noted that these interests did not constitute any material conflict of interest with items on the agenda. 	
21/03	<p>Minutes and Key Issues of the Previous Meeting</p> <p>With the following amendment the minutes from the previous meeting held on 26th November 2020 were deemed as an accurate reflection of the meeting.</p> <ul style="list-style-type: none"> Agenda Item 20/188, Care Home Group Update, page 14, in the final paragraph, to amend IPT team to IPC team. <p>The key Issues from the previous meeting were approved as being an accurate record.</p>	
21/04	<p>Matters Arising/Action Tracker</p> <p>The Committee received the action tracker and the following updates were noted:-</p> <ul style="list-style-type: none"> Agenda Item 19/183, Clinical Director Update <p>Brendan Prescott advised that he had contacted Cameron Ward who in turn contacted Sam James in relation to the Walton Centre's recovery plan. Sam James had been on leave and therefore the information has not yet been received by the CCG.</p> <p>Cameron Ward to meet with Sam James in August 2020 to pursue the query with the Walton Centre.</p>	

No	Item	Action
	<p>It was suggested discussing this issue at the Primary Care Interface Meeting. However the Committee queried if that would be the most appropriate forum. Therefore Jane Lunt advised that she would discuss this action further with Cameron Ward and provide an update at the next meeting.</p> <p>Cameron Ward had informed that he has met with Sam James but is awaiting further information to progress. Cameron advised that he would follow this up in advance of the next meeting and provide an update.</p> <p>In the absence of Cameron Ward, Billie Dodd informed that Cameron had not yet been back in touch with Sam James at the Walton Centre. It was highlighted that Cameron was due to leave the organisation shortly and suggested that this action is followed up by Billie Dodd.</p> <p>The Committee noted difficulties being experienced by GPs when referring patients that do not have cancer but have a serious degenerative disorder, to a General Neurology Consultant. Billie Dodd agreed to follow up this action, linking in with NHS Liverpool CCG colleagues and provide an update at the next meeting.</p> <p>Michelle Diable to follow up action with Billie Dodd. Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/201, Clinical Director Quality Update <p>Concerns had been raised in relation to midwives who have not been trained to use EMIS. Jane Lunt informed that she had raised the Committee's concerns with Caron Lappin but would follow up the action and confirm the outcome at the next meeting.</p> <p>Jane Lunt advised that she has escalated the action again and informed that it will be picked up at CQPG.</p> <p>It was highlighted that this issue poses a significant clinical risk. GPs are not always advised if a patient is pregnant as they can self-refer. Jane Lunt advised that she would discuss this issue and the 2 actions noted later in the action log under agenda item 20/113 Joint Medicines Operation Group Key Issues, with the interim Director of Nursing and provide an update at the next meeting.</p> <p>Following a meeting with Claire Fitzpatrick – Head of Midwifery at Liverpool Women's NHS Trust, Jane Lunt informed that work is taking place to improve the Trust's approach in terms of booking and what they do remotely. In addition the Trust will work with Liverpool, Knowsley and Sefton and will engage with primary care to work through the EMIS issues including information sharing. The Trust is working to mitigate the current issues but looks to use a new IT clinical system.</p> <p>It was noted that the Committee welcomes the opportunity to work with the Trust to help shape the future but requests assurance around the current clinical risk in relation to the prescribing issues which are occurring as a direct result of midwives not being trained to use EMIS.</p>	<p>BD</p> <p>MD</p>

No	Item	Action
	<p>Fiona Taylor explained that she will formally write to the Trust highlighting the concerns raised by the Committee and will request assurance specifically in relation to mitigating the current clinical risk.</p> <p>Jane Lunt informed that she had not yet convened a meeting with Claire Fitzpatrick but would endeavour to do so. Jane also informed that a letter had not been sent to Liverpool Women's Hospital NHS Trust but would follow this up with Fiona Taylor.</p> <p>Following a discussion with Dr Gina Halstead, Brendan Prescott advised that he had contacted Marie Forshaw, Director of Nursing at Liverpool Women's Hospital NHS Trust to obtain further information. He advised that a system plan is in place and a meeting is to be convened to progress the issue regarding midwives being trained to use EMIS. Brendan informed that he has asked Marie Forshaw on behalf of the Committee for a percentage of how many midwives are trained to use EMIS.</p> <p>Chrissie Cooke informed she would follow this up with Marie Forshaw and Jane Lunt.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/96 Joint Targeted Area Inspection (JTAI) Action Plan <p>(iv) Jane Lunt, Brendan Prescott and Fiona Taylor to address the gap in primary care attendance at the CQPG meetings.</p> <p>(v) Fiona Taylor to highlight the gap in primary care representation at CQPG meetings with the CCG's Chairs.</p> <p>In relation to the above 2 actions, it was noted that this relates to a broader discussion at Governing Body. It was highlighted that there is a gap in attendance from Alder Hey NHS Foundation Trust. There is no gap in attendance from Mersey Care NHS Foundation Trust (Community), Liverpool University Hospitals NHS Foundation Trust or the Walton Centre.</p> <p>Brendan Prescott and Dr Rob Caudwell to ascertain which clinicians attend the CQPG meeting, who should attend and who needs to attend the meeting and to understand what is required going forward. Dr Rob Caudwell advised that he would identify clinicians to attend the CQPG meetings going forward.</p> <p>Discussion in relation to CQPG meeting attendance was held. Alder Hey CQPG meeting attendance was queried and if this is incorporated in Dr Wendy's Hewitt's work plan. Brendan Prescott advised that he would follow this up with Dr Wendy Hewitt.</p> <p>Brendan highlighted the need to formalise work plans for GP safeguarding clinical leads. Martin McDowell suggested having a discussion on the formalisation of clinical lead's work plans at the next Governing Body development session.</p> <p>Brendan Prescott confirmed that Dr Wendy Hewitt will attend the Alder Hey CQPG meetings going forward. Action completed.</p>	CC

No	Item	Action
	<p>Dr Rob Caudwell and Brendan Prescott to meet to review CQPG meeting representation.</p> <p>Brendan Prescott informed that he had met with Dr Rob Caudwell and an update has been included in this month's Deputy Chief Nurse Report.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 20/97 Engagement and Patient Experience Group (EPEG) Key Issues <p>(i) Dr Gina Halstead to contact Tracey Jeffes via email, copying in Dil Daly, to request support and advice from the Social Prescribing Team in relation to the suggestion of having IT champions at practices, for patients who require basic computer literacy support.</p> <p>Dr Gina Halstead advised that she had met with Jon Devonport from IMerseyside. She informed that Jon will be addressing inequalities and the lack of IT access. It was noted that this Committee will be required to focus on digital inclusion and address exclusion. It was suggested inviting Jon Devonport to a future Committee meeting to provide an overview.</p> <p>Martin McDowell to contact Jon Devonport to provide an overview on the work he is doing to this Committee.</p> <p>It was agreed for Jon Devonport to be invited to the Governing Body Development Session in March 2021 for a wider discussion in relation to an update on the Digital Inclusion Programme across Cheshire Mersey with focus upon work being undertaken across Sefton.</p> <p>Action completed.</p> <ul style="list-style-type: none"> • Agenda Item 20/181, Electronic Palliative Care Co-ordination Systems (EPaCCS) Update <p>Dr Gina Halstead highlighted that out of date templates on the EMIS system is an increasingly challenging issue. Dr Rob Caudwell suggested creating a folder containing approved templates with practice agreements and for the facilitators to ensure it is kept up to date and to archive any out of date templates.</p> <p>Action deferred to the next meeting.</p> <ul style="list-style-type: none"> • Agenda Item 20/187, Clinical Director Update <p>The ERS directory of services is not being kept up to date. Primary care services need to be regularly communicated with so they are aware of what provider services are available so they can in turn, refer their patients correctly. It was noted that a directory of services pertaining to Mersey Care NHS Foundation Trust was implemented by the CCG and is working well. Dr Rob Caudwell advised that he will adapt the template for use at his practice. Dr Gina Halstead advised that she will raise the out of date directory of service issue via email with the Primary Care/Secondary Care Interface Group and copy in Terry Hill.</p>	RC

No	Item	Action
	<p>(i) Dr Gina Halstead to email the Primary Care/Secondary Care Interface Group and copy in Terry Hill in relation to the issue of out of date directory of services.</p> <p>Action completed.</p> <p>Billie Dodd advised that she would raise the out of date directory of services issue at the Southport and Formby System Group meeting.</p> <p>(ii) Billie Dodd to raise the out of date directory of services issue at the Southport and Ormskirk Hospital NHS Trust System meeting.</p> <p>Action completed.</p> <p>Dr Rob Caudwell noted an issue in relation to referrals to Renacres Hospital whereby patients have been given an appointment within a week and subsequently are being advised by Renacres Hospital to self-isolate for 2 weeks before their appointment. The GP is subsequently being asked to re refer them. Billie Dodd advised that she will raise this when she meets with Renacres Hospital.</p> <p>(iii) Billie Dodd to raise directly with Renacres Hospital the referral issues highlighted by Dr Rob Caudwell.</p> <p>It was noted that Billie Dodd had approached Renacres Hospital and was awaiting further detail from Dr Rob Caudwell.</p> <p>Action deferred to the next meeting.</p>	BD
21/05	<p>Deputy Chief Nurse Report</p> <p>Brendan Prescott introduced this item which seeks to update the Committee with key issues that have occurred since the last report presented in November 2020. The report was taken as read and the following salient points were noted:-</p> <p><u>Liverpool University Hospitals NHS Foundation Trust</u></p> <p>The Trust continues to be under enhanced surveillance. From January 2021, the Executive CQPG will be in place to enable a more strategic system based discussion to take place which recognises the Trust's interdependencies within a complex health and care system. Operational CQPG has been stood down for January 2021 due to Covid 19 pressures.</p> <p>The Trust continues to manage nosocomial infections via twice weekly outbreak meetings to review testing and ward status.</p> <p><u>Southport and Ormskirk NHS Hospital Trust</u></p> <p>Daily outbreak meetings continue to take place with numbers of outbreaks increasing in January. Estates work to maintain social distancing on wards has continued to be rolled out.</p>	

No	Item	Action
	<p>Some assurance in relation to ophthalmology has been received and the CCG is awaiting paperwork from the Trust's Director of Nursing in relation to obtaining further assurance on the review and risk stratification of patients. Brendan informed he had met with the Associate Director of risk to establish the harm review process regarding seeking assurance in relation to the cancer longer waits.</p> <p><u>Alder Hey Hospital NHS Trust</u></p> <p>It was noted that there had been an issue regarding the management of waiting lists. An independent review is to be commissioned.</p> <p><u>Lancashire and South Cumbria NHS Foundation Trust</u></p> <p>It was noted that the Trust is focusing on 3 areas of work linked to flow, discharges and admission avoidance and supporting.</p> <p>The trust is planning to step down some routine services for a four week period to enable community capacity to support the plan and have shared intentions with commissioners.</p> <p>The Trust is now meeting with Mersey Care NHS Foundation Trust colleagues to develop demobilisation and mobilisation of the community contract for 1st May 2021 and to ensure the quality of services are maintained during this period.</p> <p><u>CQPG/CCQRM</u></p> <p>It was noted that Dr Rob Caudwell and Brendan Prescott met regarding GP lead attendance at provider CCQRMs and CQPGs. Leads have been identified for each meeting and have been contacted. Attendance gaps were identified for Southport and Ormskirk Hospital NHS Trust and Lancashire and South Cumbria NHS Foundation Trust. Dr Rob Caudwell will be contacting GP colleagues to ensure attendance at future provider CQRMs and CQPGs.</p> <p>Chrissie Cooke informed that discussions are to be held to explore the possibility of having a Sefton wide combined meeting for both mental health services and community services.</p> <p><u>Continuing Health Care (CHC) Deferred Assessment</u></p> <p>A decision to step down the CHC deferred assessment work was taken by the North West Regional to redirect CHC nursing resource to promote flow across the system. The deferred assessment activity ceased for the period, which will make the North Mersey target for completion by 31 March 2021 challenging and will require the revision of the risk to the CCG unless further guidance is issued from NHSEI. However a meeting is to be held on 28th January 2021 in relation to the reinstatement of the work stream. Stage 2 work, reinstated in September 2019, continues until further notice.</p> <p><u>Covid 19 and Care Homes</u></p> <p>It was noted that the number of outbreaks in Sefton care homes has increased to 42. The CCG has reinstated the educational support package to care homes around IPC.</p>	

No	Item	Action
	<p><u>SEND</u></p> <p>Following a review meeting with the Department for Education, Local Authority and Health colleagues on 8th December 2020, progress on the five key areas continues. Improvements were noted at the meeting in relation to the quality of EHCPs; DCO work to support health practitioners and joint working with the local authority; strong local partnerships to support improvement between schools, health and parents and progress for the ASD/ADHD pathway.</p> <p>Additional short term CAMHS investment was agreed by CCGs to provide additional service capacity and resilience for Alder Hey Hospital and third sector providers, VENUS and Parenting 2000.</p> <p><u>Child in AED</u></p> <p>A serious incident was reported by Liverpool University Hospital NHS Foundation Trust in relation to a 16 year old with Down's Syndrome who attended and was subsequently admitted within the Emergency Department at Aintree on 15th December 2020. The child's extended emergency department admission and challenges in transferring the child to an appropriate provision led to escalations being made by Liverpool University Hospital NHS Foundation Trust and the incident being reported via StEIS. A rapid review is to be undertaken and the outcome to be shared with the Committee.</p> <p><u>Complaints</u></p> <p>A regular update on current continuing health care complaints, their status and themes identified will be presented to the Committee.</p> <p>Outcome: The Committee noted the Deputy Chief Nurse Report.</p>	
21/06	<p>Clinical Director Quality Update</p> <p>Dr Gina Halstead suggested that a regular Covid 19 mass vaccination update is provided as part of this agenda item.</p> <p>Dr Gina Halstead wished to formally thank CCG colleagues for their hard work and effort in supporting the mass vaccination programme.</p> <p>Dr Gina Halstead informed that she wishes to escalate her concerns in relation to CCG staff identification, to ensure that it is being checked upon arrival at the mass vaccination centres.</p> <p>Action: Dr Gina Halstead to escalate concerns regarding ensuring that CCG staff have their identification checked upon arrival at mass vaccination centres.</p> <p>It was noted that the drawing up of rotas presents a challenge as staff do not know when vaccinations are arriving or how much there will be, this information is provided at short notice.</p> <p>Dr Gina Halstead raised a concern in relation to elderly/frail patients living in Hightown and Formby that do not live near a mass vaccination centre.</p>	GH

No	Item	Action
	<p>Dr Gina Halstead enquired what the plan is for these patients and as a solution, suggested Formby Guild Hall and Cricket Clubs as possible mass vaccination centres. Martin McDowell informed that he would follow up Dr Gina Halstead's concern with Jan Leonard.</p> <p>Action: Martin McDowell to follow up concern raised regarding elderly/frail patients in Hightown and Formby not being able to get to a local mass vaccination centre.</p> <p>Dr Gina Halstead informed that a query had been raised in relation to Covid 19 vaccinations as to how practices will know which vaccine a patient would need for their repeat vaccination. Helen Roberts to follow this up with the Medicines Management Team.</p> <p>Action: Helen Roberts to follow up query raised in relation to follow up Covid 19 vaccinations and how practices will know which patients they need to contact for their repeat Covid 19 vaccination.</p> <p><u>Mersey Care NHS Foundation Trust</u></p> <p>Dr Gina Halstead informed of excellent work being undertaken by the admissions saving team and the District Nurse teams in relation to ICRAS.</p> <p>Dr Gina Halstead raised a concern in relation to the absence of lateral flow testing kits and was not aware of any practices with them. Chrissie Cooke advised that she would follow this up.</p> <p>Action: Chrissie Cooke to follow up concern raised regarding obtaining lateral flow testing kits.</p> <p>It was noted that Bootle practices successfully buddied up with care home recently.</p> <p>It was also noted that there are approximately 80 blood pressure machines with standard cuffs at Concept House awaiting a plan for usage. Chrissie Cooke informed that she would enquire who is responsible for their onward distribution.</p> <p>Action: Chrissie Cooke to confirm who is responsible for the distribution of blood pressure machines.</p> <p>Outcome: The Committee noted the Clinical Director Update.</p>	<p>MMcD</p> <p>HR</p> <p>CC</p> <p>CC</p>
21/07	<p>Revised Joint Quality and Performance Committee Terms of Reference</p> <p>Brendan Prescott presented the revised Committee's terms of reference. With the following amendments to be made, the terms of reference were approved by the Committee.</p> <p>Additional wording highlighted in bold below:</p> <p>1.1 To ensure the effective management of clinical governance areas (clinical governance, information governance, research governance and health and safety) and corporate performance in relation to all commissioned services.</p>	

No	Item	Action
	<p>2.2 All Members are required to nominate a deputy to attend in their absence as appropriate. Deputies must be of sufficient seniority to support decision making and therefore must only be permitted if they are a member of the Leadership Team or the Senior Management Team. Deputies will count towards the quorum.</p> <p>Action: Brendan Prescott to amend the terms of reference.</p> <p>Outcome: The Committee approved the Joint Quality and Performance Committee Terms of Reference.</p>	BP
21/08	<p>Engagement and Patient Experience Group (EPEG)– Terms of Reference</p> <p>Lyn Cooke presented the EPEG terms of reference that had been reviewed with representation updated and agreed by the EPEG group members in November 2020.</p> <p>Outcome: The Committee approved the Engagement and Patient Experience Group Terms of Reference.</p>	
21/09	<p>Corporate Governance Support Group Terms of Reference</p> <p>Lisa Gilbert presented the Corporate Governance Support Group Terms of Reference that had recently been updated following an external review of complaints and governance processes.</p> <p>Outcome: The Committee approved the Corporate Governance Support Group Terms of Reference.</p>	
21/10	<p>Performance and Quality Investigation Review Panel (PQIRP) Terms of Reference</p> <p>Mel Spelman presented the Performance and Quality Investigation Review Panel Terms of Reference which have been amended as a result of the Covid 19 pandemic. The process for the harm review of patients waiting longer for treatment has been reviewed and amended. As such, minor changes have been made to the key duties of PQIRP members which have been reflected in the amended terms of reference.</p> <p>It was noted that a standardised approach is required in relation to highlighting document changes. Chrissie Cooke and Martin McDowell advised that they would discuss this Debbie Fairclough and confirm what is required going forward.</p> <p>Action: Chrissie Cooke and Martin McDowell to confirm how changes to documents are to be presented to the Committee.</p> <p>Outcome: The Committee approved the Performance and Quality Investigation Review Panel Terms of Reference</p>	MMcD/CC

No	Item	Action
Quality and Performance		
21/11	<p>Care Home Bi- Annual Report</p> <p>Ehsan Haqqani presented the Care Home Bi-Annual Report which was taken as being read. The report provides an update on the support provided to Care Homes over the last 2 quarters. Key areas to note are that daily and weekly bulletins are being sent out to provide homes with the latest guidance and advice on a range of issues. A weekly strategic video call with all care homes also allows the opportunity for homes to raise issues and have a dialogue with commissioners.</p> <p>The abbreviation "AGP" in report was requested to be put in full. Ehsan Haqqani to amend the report accordingly.</p> <p>Action: Ehsan Haqqani to amend the care home bi annual report by inserting "aerosol generating procedures" next to the abbreviation "AGP".</p> <p>Chrissie Cooke asked for a copy of the Healthwatch report in relation to care home visit patient experience. It was noted that Healthwatch report in to EPEG and provide updates as part of QSG report.</p> <p>Action: Ehsan Haqqani to send the Healthwatch care home report to Chrissie Cooke.</p> <p>Outcome: The Committee noted the Care Home Bi-Annual Report</p>	<p>EH</p> <p>EH</p>
Policies for Approval/Ratification		
21/12	<p>Complaints Policy</p> <p>Lisa Gilbert presented the complaints policy and informed that it has recently been reviewed and updated following an external review of complaints and governance processes.</p> <p>The following key changes to the policy were noted:-</p> <ul style="list-style-type: none"> • A flow chart added to show the process and timescales; • A new section has been added in relation to the CCG meeting with complainants • How complex complaints will be resolved • Detail added on management of the complaints process. <p>Dr Gina Halstead referred the Committee to section 27 of the policy in relation to learning from complaints and asked how this will be achieved.</p> <p>Lisa Gilbert advised that any actions arising from a complaint will be documented on the complaints system and will remain open until all actions relating to each complaint have been undertaken. The complaints team will be responsible for ensuring that supporting evidence confirming that each action has been completed is documented.</p>	

No	Item	Action
	<p>Chrissie Cooke informed that since the policy was written it has been deemed necessary to establish a complaints oversight group and as such the policy will be required to be amended in section 26 – monitoring and review, to make reference to the complaints oversight group.</p> <p>The group will be responsible for the operational activity in relation to complaints. It was noted that the terms of reference for the complaints oversight group will be drafted and presented to this Committee for approval at a future meeting.</p> <p>Action: Lisa Gilbert to make reference to the Complaints Oversight Group in the complaints policy in section 26.</p> <p>Action: Chrissie Cooke to present the Complaints Oversight Group Terms of Reference at a future meeting.</p> <p>Some inconsistencies were highlighted in the policy whereby reference is made from a CCG perspective as well as from a patient perspective. These are to be separated.</p> <p>Action: Lisa Gilbert to amend the complaints policy to ensure consistent content throughout.</p> <p>The Committee requested that the above amendments are to be made to the policy and for any additional comments to be emailed to Lisa Gilbert and Chrissie Cooke before the next meeting. The amended complaints policy will be presented at the next meeting for ratification.</p> <p>Action: Committee members to email any further comments or changes in relation to the complaints policy to Lisa Gilbert and Chrissie Cooke prior to the next meeting.</p> <p>Action: Lisa Gilbert to present the final version at the March 2021 meeting.</p> <p>A query was raised in relation to the deadline for the policy to be approved. Lisa Gilbert informed that she would check this against the plan.</p> <p>Action: Lisa Gilbert to check that the delay in approval of the complaints policy does not fall outside of the deadline contained in the plan.</p> <p>Chrissie Cooke advised that all complaints will come through the Complaints Oversight Group and will be tracked and progressed. A regular summary report/ minutes from the group will come to this Committee.</p> <p>It was noted that the Committee will receive a complaints report at the next meeting.</p> <p>Action: Chrissie Cooke to present a complaints report at the next meeting.</p> <p>Outcome: The Complaints Policy deferred to next meeting.</p>	<p>LG</p> <p>CC</p> <p>LG</p> <p>All</p> <p>LG</p> <p>LG</p> <p>CC</p>

No	Item	Action
For Information		
21/13	<p>NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 4th November 2020 and 2nd December 2020.</p> <p>Outcome: The Committee received the NHS Southport and Formby CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/14	<p>NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues</p> <p>The Committee noted the SIRG minutes and Key Issues from the meeting held on 4th November 2020 and 2nd December 2020.</p> <p>Outcome: The Committee received the NHS South Sefton CCG Serious Incident Review Group (SIRG) Minutes and Key Issues.</p>	
21/15	<p>SEND Performance Improvement Group Minutes and Key Issues</p> <p>The Committee noted the SEND Performance Improvement Group minutes and key issues from the meeting held on 23rd October 2020.</p> <p>Outcome: The Committee received the SEND Performance Improvement Group Minutes and Key Issues.</p>	
21/16	<p>Joint Targeted Area Inspection (JTAI) Action Plan Meeting Minutes and Key Issues</p> <p>The Committee noted the JTAI Improvement Plan minutes and key issues from the meeting held on 16th November 2020.</p> <p>Outcome: The Committee received the Joint Targeted Area Improvement (JTAI) Plan Meeting Minutes and Key Issues.</p>	
21/17	<p>Engagement of Patient Experience (EPEG) Key Issues</p> <p>The Committee noted the EPEG key issues from the meeting held 11th November 2020 and 13th January 2021.</p> <p>Outcome: The Committee received the Engagement of Patient Experience (EPEG) Key Issues.</p>	
21/18	<p>Primary Care Committees in Common Minutes and Key Issues</p> <p>The Committee noted the Primary Care Committees in Common minutes and key issues from the meeting held on 15th October 2021.</p> <p>Outcome: The Committee received the Primary Care Committees in Common minutes and key issues.</p>	

No	Item	Action
21/19	<p>Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues</p> <p>The Committee noted the Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues from the meeting held on 24th September 2020.</p> <p>Outcome: The Committee received the Gram Negative Blood Stream Infection Reduction Group Minutes and Key Issues.</p>	
21/20	<p>Joint Medicines Operation Group (JMOG) Key Issues</p> <p>The Committee noted the Joint Medicines Operation Group Key Issues from the meeting held on 8th January 2020.</p> <p>Outcome: The Committee received the Joint Medicines Operation Group (JMOG) Key Issues.</p>	
Closing Business		
21/21	<p>Any Other Business</p> <p>Chrissie Cooke wished to provide assurance to the Committee in respect of the revised policy arrangements with providers which will be presented at the next Governing Body meeting. In line with NHSEI some meetings are being stood down to support the mass vaccination programme and the current surge. Providers are being asked to continue to monitor and collect data in relation to safety and quality indicators. There is an expectation from providers that they will report key issues for escalation. Chrissie Cooke explained that she is meeting with provider leads to discuss any issues or potential risks.</p>	
21/22	<p>Key Issues Arising From This Meeting</p> <p>The following key issues were noted by the Committee:-</p> <ol style="list-style-type: none"> 1) Joint Quality and Performance Committee Terms of Reference approved subject to amendment on 2.2 on nominated deputy. 2) Performance and Quality Investigation Review Panel Terms of Reference approved to accommodate the harm review process audit for longer waits. 3) Care Home Bi Annual report highlighting system support during Covid 19 to care home sector. All care home residents have been vaccinated. Surge in care home Covid 19 infections. 4) Engagement of Patient Experience Group reinstated with a Covid 19 focus session. Terms of Reference approved. 5) Corporate Governance Support Group Terms of Reference approved. Following external review all complaints will go to Joint Quality and Performance Committee. 6) Complaints Policy - process of complaints presented. Number of 	

No	Item	Action
	<p>amendments suggested and to be presented to members out of meeting for approval and to come to the February 2021 Joint Quality and Performance Committee for governance. Complaints Oversight Group to be established and terms of reference to be presented to the Committee for approval.</p> <p>7) Routine contract quality arrangements have been stood down due to Covid 19 surge and vaccination work priorities. Expectation on data to be collected and focussed, regular quality meetings between quality team and providers continue for issue escalation to commissioners.</p> <p>8) Ongoing success of vaccination programme across Sefton supported by primary care and CCG colleagues noted.</p> <p>9) Confirmation required on how document changes should be presented to the Committee.</p>	
21/23	<p>Date of Next Meeting:-</p> <p>The next meeting is scheduled for Thursday 25th March 2021 2021at 9am – 12noon to take place via Microsoft Teams.</p>	

NHS South Sefton CCG and NHS Southport & Formby CCG Primary Care Commissioning Committee in Common
Approved minutes 21st January 2021 – Part 1

Date: Thursday 21st January 2021

Venue: **MS Teams due to Covid-19 Pandemic**

Members		
Graham Bayliss	SS CCG Lay Member (Co Chair)	GB
Alan Sharples	SS CCG Lay Member	AS
Helen Nichols	S&F CCG Lay Member	HN
Fiona Taylor	S&F SS CCG Chief Officer	FT
Martin McDowell	S&F SS CCG Chief Finance Officer	MMc
Jan Leonard	S&F CCG Director of Place (North)	JL
Angela Price	S&F SS CCG Programme Lead Primary Care	AP
Alan Cummings	NHSE Senior Commissioning Manager	AC
Tracey Forshaw	SS S&F Deputy Chief Nurse Quality Team	TF
Dil Daly	S&F CCG Lay Member (Co-Chair)	DD
Non-Voting Attendees:		
Dr Craig Gillespie	GP Clinical Representative	CG
Dr Kati Scholtz	GP Clinical Representative	KS
Jane Elliott	Locality Manager SSSCCG	JE
Richard Hampson	Primary Care Contract Manager SSSCCG	RH
Eshan Haqqani	Primary Care Quality Team	EH
Minutes		
Jacqueline Westcott	Senior Administrator	JW

Attendance Tracker D = Deputy ✓ = Present A = Apologies N = Non-attendance

Name	Membership	Nov20	Jan 21				
Members:							
Graham Bayliss	SS CCG Lay Member (Co Chair)	✓	✓				
Alan Sharples	SS CCG Lay Member	✓	✓				
Dil Daly	SF CCG Lay Member (Co Chair)	✓	✓				
Helen Nichols	S&F CCG Lay Member	✓	✓				
Fiona Taylor	S&F SS CCG Chief Officer	✓	N				
Martin McDowell	S&F SS CCG Chief Finance Officer	✓	✓				
Jan Leonard	S&F CCG Director of Place (North)	✓	✓				
Angela Price	S&F SS CCG Programme Lead Primary Care	✓	✓				
Alan Cummings	NHSE Senior Commissioning Manager	✓	✓				

Name	Membership	Nov20	Jan 21				
Jane Elliott	Locality Manager SSCCG	✓	N				
Tracy Forshaw	SS&SFCCG Deputy Chief Nurse and Quality	N	A				
Sharon Howard	NHSE	N	N				
Non-Voting Attendees:							
Dr Craig Gillespie	GP Clinical Representative	✓	✓				
Dr Kati Scholtz	GP Clinical Representative	✓	✓				
Richard Hampson	Primary Care Contracts Manager	✓	✓				
Eshan Haqqani	Interim Primary Care Quality Manager	✓	✓				
Joe Chattin	LMC Representative	✓	N				
Debbie Fairclough	SS SF CCG Corporate Services	N	N				
Rebecca McCullough	SS SF CCG Finance	N	N				
Diane Blair	Healthwatch	✓	N				
Rob Smith	SS SF CCG Finance	N	✓				

No	Item	Action
PCCiC 21/1.	Introductions and apologies GB opened the meeting; apologies were received from TF.	
PCCiC 21/2.	Declarations of interest There were no declarations of interest declared that had a direct impact on the meeting's proceedings.	
PCCiC 21/3.	Minutes of the previous meeting Date: Thursday 19 th November 2020, amendments were made to the attendance register to acknowledge GB was in attendance at the meeting.	
PCCiC 21/4.	Action points from the previous meeting The action tracker was reviewed and updated.	
PCCiC 21/5.	Reports from the Joint Operational Group JL updated the committee on reports from November 2020 Joint Operational Group.	
PCCiC 21/6.	Healthwatch Issues There was no representative from Healthwatch at the meeting today.	
PCCiC 21/7.	Primary Care Networks Update CG and KS updated the Committee on the collaborative working between PCNs, practices and the CCG who are delivering the Covid 19 mass vaccination programme across South Sefton and Southport and Formby, it was reported that the programme is working very well and patients are giving positive feedback on the immunisation service provided.	

PCCiC 21/8.	<p>Primary Care Finances</p> <p>Rob Smith presented a paper to the Committee - Primary care Finances for South Sefton CCG and Southport and Formby CCG. The paper sets out the following recommendations:</p> <p>Temporary financial arrangements have been implemented for the first six months of 2020/21 as part of the Covid-19 response.</p> <p>Financial arrangements for the second six months of the financial year have now been confirmed.</p> <p>As at 30th November the year to date financial position is underspent against budget and the full year forecast position is an underspend.</p> <p>MMcD reported that the ARR scheme plans are now in place with PCNs able to utilise available funds.</p> <p>The paper was included in the pack to the Committee.</p>	
PCCiC 21/9.	<p>Primary Care Quality Dashboard</p> <p>There has been no further changes to the Primary Care Quality Dashboard due to the Covid mass vaccination programme which is an ongoing priority.</p>	
PCCiC 21/10.	<p>Covid 19 DES Capacity</p> <p>JL presented a paper to the Committee – General Practice Capacity to support Covid Vaccination.</p> <p>On the 7th January 2021 NHSE/I issued a letter to CCGs and GPs regarding plans to release capacity to enable a focus on Covid Vaccination.</p> <p>It was agreed that the CCG would write to PCNs and ask them to stop undertaking care planning and reduce SMR activity (within Network Contract DES) to free up capacity to support vaccination. PCNs should also review extended access activity and redirect workforce to vaccination.</p> <p>It was agreed that the CCG would communicate with all practices to suspend the LQC in order to free up practices to support COVID vaccination. This supersedes the decision to suspend certain indicators within the LQC for those practices signed up to the ES. The activity driven indicators would continue.</p> <p>The CCG will shortly be writing out to practices inviting them to claim for staff backfill as a result of COVID absences. This process will mirror the process earlier in the year and costs will be met from the General Practice Covid Capacity Expansion Fund.</p> <p>The paper was presented in the pack to the Committee.</p>	

PCCiC 21/11.	<p>Learning Disabilities</p> <p>AP presented a paper to the Committee - Learning Disability Health Check Update.</p> <p>A Learning Disability (LD) Health Check Direct Enhanced Service (DES) is available to GP practices. This is a national scheme, participation is optional, and over and above core GP services.</p> <p>The underlying purpose of the scheme is to encourage primary medical services contractors to identify registered patients aged 14 and over who are known to the local authority social services department primarily because of their learning disabilities, and to offer, and provide such patients with an annual health check.</p> <p>The Local Quality Contract (LQC) ensures that all practices are offered the opportunity to sign up to deliver the LD DES at practice level, or via South Sefton Federation who can undertake the DES on behalf of a practice. However, all practices must choose one of the two options to ensure 100% population coverage being offered a health check.</p> <p>An update on the number of health checks undertaken as at November 2020 for each CCG was provided. A discrepancy between local and nationally reported figures from NHSD was discussed with a plan to work with NHSD to ensure accuracy of figures moving forward. A national target has been reset in year of 67%.</p> <p>KS advised that all practices in Southport and Formby were completing health checks on behalf of their own registered patients, it was suggested a reminder may need to be sent to the practices regarding the federation option.</p> <p>AP advised that the LD health check can be completed virtually due to the Covid 19 pandemic and there is no longer a requirement to complete a full physical health check. A communication to this effect will be sent to practices. A paper on LD health checks will be presented at Governing Body in February 2021 which will show the improvement in figures and uptake.</p> <p>The paper was presented in the pack to the Committee.</p>	
PCCiC 21/12.	<p>Key Issues Log</p> <ul style="list-style-type: none"> • Primary Care Finance Report • Covid 19 DES Capacity • Risk to Primary Care - Covid 19 pandemic • Learning Disability Health Checks 	

PCCiC 21/13.	<p>Primary Care Risk Register Part 1</p> <p>The risk register was reviewed and updated.</p> <p>JC03 – Covid 19 is adding to the capacity risk.</p> <p>JC05 – Practices will continue to be surveyed regarding services from PCSE.</p> <p>JC29 – CCG working with LMC on a policy which will go to PCCCiC for approval and then go live.</p> <p>JC32- There had been some improvement; however, there are struggles with staffing due to C19.</p> <p>JC37 – There have been struggles with staffing and workforce due to the huge workload.</p> <p>JC38 – The community provider is changing to Merseycare, there are ongoing staffing and capacity issues.</p>	
PCCiC 21/14.	<p>Any Other Business</p> <p>The Committee asked if the contract with PCSE could be reviewed at Audit Committee with a view to retracting the contract if evidence showed the organisation was underperforming, NHSE advised that this option would be highly unlikely as it would be difficult to source a new provider.</p> <p><i>Matters previously notified to the chair no less than 48 hours prior to the meeting.</i></p>	
Meeting Concluded.		
<p>Date of Next Meeting: Thursday 18th March 2021 10.00am-11.00am.</p> <p>Venue: MS Teams</p>		